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ABSTRACT

This document is comprised of the two issues in volume 4 of "Bridges," a publication produced by the California Head Start-State Collaboration Office to detail the activities of the educational partnership and to provide relevant information to programs participating in the partnership. The spring 1999 issue focuses on the service system for children with disabilities, with articles on finding day care for a special needs child, California's Early Start Program, the public school preschool special education program, and regional center services for children over age three. The issue also includes lists of agencies serving young children with disabilities, tips for child care providers on including children with special needs in their programs, parents' rights, descriptions of various Head Start/Early Head Start programs, and Head Start performance standards, as well as information on developing a violence-free environment for children, and recent legislation allowing nebulizer care in child care settings. The fall 1999 issue focuses on child health, especially on assisting staff and families in making referrals to the Healthy Families and Medi-Cal programs. The issue also focuses on how Head Start and other child care and development programs work together to develop full-day/full-year program options for families who need them. Included in this issue are articles on: collaboration/fiscal strategies, programs providing child health care, building a child care mental health consultant service, descriptions of Head Start-child care partnerships, and support for single parents and their children. Each issue includes Web sites for relevant resources. (KB)

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California Head Start-State Collaboration Office

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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Michael Zito, Editor

Volume 4, No. 1-2, 1999

PS 029889

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BRIDGES
CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

Message from the Director

Michael Silver, Director
California Head Start-State Collaboration Office

Change is in the air as this issue of *Bridges* goes to press. California has a new governor who promises some new approaches to educating children in our state. Proposition 10, endorsed by State Superintendent Delaine Eastin and intended to facilitate "the creation of a seamless system of integrated and comprehensive early childhood development programs and services," will bring new fiscal resources and policy responsibilities to California's counties. The recently released Little Hoover Commission Report on California's child care and development system contains a wealth of information to be discussed, debated, and acted on. The implementation of California Work Opportunity and Responsibility to Kids, otherwise known as CalWORKs, continues at a fast clip.

Across the country, families, agencies, and advocates are changing the ways in which services are provided to children with special developmental needs.

CalWORKs families will also benefit from the collaboration of Head Start and Child Development Division-(CDD-) funded programs to create innovative partnerships that provide full-day, full-year child care and development services to families. The very successful first annual California Head Start Association conference recently held in Sacramento featured several useful and well-attended workshops focusing on the partnerships that have sprung up in many areas of the state. Staff of the California Head Start-State Collaboration Office (CHSSCO) is currently drafting a written report based on surveys submitted by Head Start agencies participating in these local efforts. This report, to be shared with the child care and development community, will provide a blueprint for other potential collaborators of what works in child care. Other activities and changes in CHSSCO are described in "Message from the Editor."

Across the country, families, agencies, and advocates are changing the ways in which services are provided to children with special developmental needs. In the field of early intervention, services are increasingly provided in *natural environments*, such as the home or day care center. This issue of *Bridges* is devoted to helping families and agencies understand and gain access to the service system for children with special needs. Regional centers, family resource centers, and Special Education Local Plan Areas provide services for children with developmental disabilities, delays, and risk conditions. Articles describe the various services, how regional centers and Head Start programs are working together, and how parents and providers meet the challenges of finding child care services for children with disabilities. Telephone numbers and Web sites are provided, as well as information on how to obtain services and technical assistance. This issue also focuses on prevention of dangers to children: violence and poison control. We hope these resources help stimulate new ways of thinking as we all work to provide more inclusive services to children in California with developmental disabilities.

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PAJARO VALLEY UNIFIED SCHOOL DISTRICT

This issue of *Bridges* may be found at the Child Development Division's World Wide Web site. Point your browser to: http://www.cde.ca.gov/cyfsbranch/child.development/cddhome.htm

Message from the Editor

Michael Zito, Coordinator
California Head Start-State Collaboration Office

This issue of *Bridges* focusing primarily on the service system for children with disabilities was supposed to be published in winter 1997, but it is late. The Child Development Division (CDD) of the California Department of Education was reorganized, resulting in several changes in assignments for the staff that coordinates the California Head Start-State Collaboration Office (CHSSCO) and compiles this newsletter. CDD management staff recognized that CHSSCO is one of several important projects that require the expertise of staff from more than one unit in the division. Michael Silver is the new director of CHSSCO with overall responsibility for bringing together the different strands and activities from the entire division.
I am the new coordinator, a role that was previously shared by Mary Smithberger and Sharon Hawley (including the editorship of *Bridges*). Mary and Sharon will continue to work closely with CHSSCO: Mary on disability issues, Sharon on health issues.

I would like to thank the following people and organizations that contributed time, articles, or both to this issue:

Pamm Shaw, Virginia Reynolds, Debra Crumpton, Judy Higuchi-Lindbeck, Ellen Broms, Lessie Murphy, Carolyn Ortiz, Resources in Special Education, Mary Smithberger, Sharon Hawley, and Dawn Paxson.

Thanks also go to the staff of CDE Press who did the artwork, typesetting, and final editing: Sheila Bruton, Faye Ong, Cheryl McDonald, Gloria Barreiro, and Carey Johnson.

If you have any information on collaborative funding models for full-day or full-year services to contribute to the next issue of *Bridges*, please contact me at (916) 323-9727 or through e-mail (mzito@cde.ca.gov).

Finding Daycare for Robert

By a Very Proud Mother of a Special Needs Child

Used by permission of the Rainbow Connection Family Resource Center, Oxnard, California

About seven months ago I was offered a wonderful job. It was a part-time job with very flexible hours. I was thrilled with how flexible the job was because it would allow me to spend time with my then 2-year-old son, Robert. I told my potential employer I could start working as soon as I found childcare . . . *and then my nightmare began.*

You see, Robert is not your typical child. He is missing a piece of a chromosome. Due to this chromosome deletion, Robert is a profoundly delayed and disabled child. Developmentally, he is at about a 3- to 4-month level in both his social and motor skills. (He still does not have head control and cannot sit up.) Furthermore, he is very, very small for his age; at 3 years old he is only wearing size 12-18 months. If you saw him you would think he was an infant, not a 3-year-old! To make things even more complicated, he is mostly fed through a gastrostomy tube (a tube directly into his stomach) and needs to be on oxygen when he is sleeping.

I want to tell you about my experience in trying to find childcare for my son. I started out by calling some of the daycare providers in the community. The first question always asked was, "How old is he?" Due to Robert's disabilities, this was a difficult question for me to answer! I would start out by saying, "Well . . . he is 2 years old, BUT . . . he is developmentally delayed." Then they would ask for more details, and I would give them (reluctantly). I could hear the panic in their voices as they proceeded to tell me that they could not be responsible for a child like that and that it would be too disruptive to their program or they wouldn't know how to care for him. After several phone calls I felt discouraged, but I was not going to give up.

I then proceeded to try agencies who provided "in home" care. It was not my first choice as I really wanted Robert around other children. You see, Robert is an extremely social, happy kid and he loves to be around other children. He gets a real kick out of watching children playing and laughing. I was feeling a little desperate so I tried the agencies even though I discovered it was going to cost an average of $10 to $12 per hour! After interviewing over 10 "qualified" people from these agencies, I discovered that most of these people were not "comfortable " in caring for Robert either.

"I've never cared for a child like this before, but why don't you come over so I can meet him and we can talk about it."
Those beautiful words were music to my ears.

Because I really wanted Robert around other children, I decided to give the family daycares another try. After even more rejections, I started feeling angry and hurt. This was my first experience with outright discrimination; I couldn't even get beyond a phone call with these providers! I kept trying to tell them how loving and wonderful this child of mine is, and that once they met him they would see he wasn't a *disruption*, he was merely a child with disabilities who was sure to win their heart. The more I got into this process, I found my focus changing. I got to the point where I was trying to "sell" them on my child; I wasn't even thinking about checking *their* references or interviewing *them* as I was feeling

desperate for them to accept Robert! All of the advice I had read about in finding a daycare provider went right out the window in my desperation to find care for Robert.

I finally got the name of someone in my neighborhood who actually sounded open to the idea, but her daycare was full! Thankfully, she referred me to someone else who said, *"I've never cared for a child like this before, but why don't you come over so I can meet him and we can talk about it."* Those beautiful words were music to my ears.

She gave us a chance to meet with her and this made all the difference in the world. Meeting with us face to face allowed her to see Robert and his disabilities. She held him and talked to him just like he was any other kid. (I can't express how much that means to a mother of a disabled child.) We talked about his disabilities, his likes and his dislikes. I told her about Robert's love of music and other children. I showed her how I fed him through the g-tube and how I put him on oxygen for his naps. After meeting Robert and talking with me, this wonderful provider decided to give it a try. I know she was nervous and unsure, but the point is, she was willing to try! Through a great deal of **teamwork, understanding, and communication**, this provider has learned how to tube feed my child, how to administer the oxygen when he naps, and how to position him in his wheelchair. She has learned when he needs a nap, his favorite songs, and how to make him giggle with joy. After a few months of caring for Robert, she even told me how she found g-tube feeding much easier than feeding a typical infant through a bottle. (Now that's progress!)

Robert has loved going to daycare too. He has really progressed in his social skills and seems to be much brighter and is babbling more than he ever did before. He is actually "singing" (in his own little way) along with some of his favorite songs now!

(Continued on page 35)

Reinventing Head Start

By Debra J. Crumpton, Executive Director
California Head Start Association

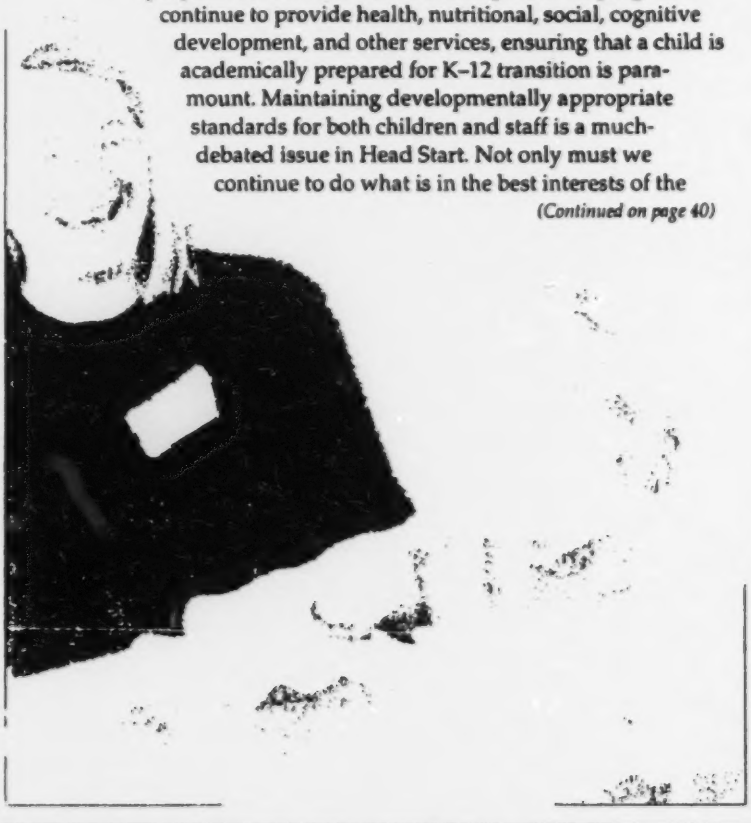
Meeting the needs of low-income children and families has never been more challenging. In these most unusual times of unprecedented change, Head Start cannot continue to do business as usual. After a 33-year history of providing comprehensive services, Head Start finds itself in the midst of an operational and organizational redesign.

As families find themselves pressed to go to work by any means necessary, Head Start is confronted with expanding its traditional part-year, part-day program to full-year, full-day. The added challenge of expansion is maintaining a close and effective relationship with parents. From its inception, Head Start recognized the parent as the child's primary nurturer and a child's environment essential to his or her successful and full development. All Head Start programs have the following formal links to strengthen this bond: home visits and in-class involvement and co-governance of local programs by parents. Welfare-to-work mandates are threatening this critical fiber.

The revised Head Start Act that President Clinton signed into law on October 27, 1998, breaks many long-standing traditions and common practices. For the first time, for-profit organizations will be able to compete for new Head Start grants. "Demonstrated capacity" is the watchword for grant awarding.

The revised Head Start Act also changes the program's statement of purpose. School readiness is the emphasis. As programs continue to provide health, nutritional, social, cognitive development, and other services, ensuring that a child is academically prepared for K–12 transition is paramount. Maintaining developmentally appropriate standards for both children and staff is a much-debated issue in Head Start. Not only must we continue to do what is in the best interests of the

(Continued on page 40)



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California's Early

Services Established by Law for Infants and Toddlers

California has a long history of providing early education opportunities to children with disabilities. Public schools and private programs funded by regional centers provided early education to infants in the 1960s and 1970s through local, state, and federal funding sources. California state law, since 1980, has mandated early education programs for many infants and toddlers (birth to 36 months of age) with disabilities.

The Early Start Program is California's collaborative early intervention service system under Part C of the Individuals with Disabilities Education Act and the California Early Intervention Services Act (*Government Code* Sec. 95000 et seq.) The Early Start Program, established through legislation in 1993, ensures that a family-focused, coordinated interagency system of early intervention services is provided for infants and toddlers with a developmental disability, or at risk of having one, and their families. The California Department of Developmental Services (DDS), lead agency for overall administration of the program, coordinates with the California Department of Education and the Departments of Health Services, Social Services, Mental Health, and Alcohol and Drug Programs.

Mission

The Early Start Program seeks to promote and enhance a coordinated, family-focused service system for infants and toddlers from birth to 36 months of age with a developmental delay or a disability or who are at risk of a developmental disability.

The Early Start Program is designed to:

- Enhance interagency collaboration.
- Keep families informed about services for their child.
- Support families and include them as collaborative decision makers worthy of respect.
- Support professionals to enhance their training.
- Provide services in the child's natural environment.
- Maintain the quality of the early intervention program and ensure its responsiveness to the children and families it serves and to the public.

The Early Start Program is primarily implemented by 21 regional centers, 115 special education local plan areas (SELPAs), and 55 family resource centers. The lead agency, DDS, collaborates with the California Department of Education, and the two agencies are responsible for the development of Early Start policy. The lead agency receives advice and assistance from the State Interagency Coordinating Council on Early Intervention. The regional centers, through a contractual agreement with DDS, share primary responsibility with the California Department of Education's local educational agencies (LEAs) for coordinating and providing early intervention services at the local level. Regional centers serve all eligible infants and toddlers except those with solely low-incidence disabilities (e.g., solely visual, hearing, and severe orthopedic impairments and any combination thereof). LEAs serve all infants and toddlers with solely low-incidence disabilities and also provide services for infants and toddlers eligible for LEA services within the LEA's funded capacity.

Within the California Department of Education, the Early Education Unit (EEU) administers the program. The EUU consults and collaborates with DDS and other state and local agencies to meet the requirements of Part C. The EEU is responsible for developing policies and administering programs that are coordinated by the 115 SELPAs and provided by LEAs, such as the school districts and county offices of education.

Eligibility Criteria

Infants and toddlers, birth to 36 months of age, may be eligible for early intervention services through documented evaluation and assessment if they meet one of the following criteria:

- Have a developmental delay in one of five areas: cognitive development; physical and motor development, including vision and hearing; communication development; social or emotional development; or adaptive development.
- Have an established risk condition of known etiology that has a high probability of resulting in developmental delay.
- Are at high risk of a developmental disability due to a combination of risk factors that require early intervention services.

Early Start Services

Infants and toddlers may be identified and referred for regional center or LEA services through primary referral sources in their local communities: hospitals, health care providers, child care providers, LEAs, social service programs, and an infant or toddler's family. Each infant or toddler referred to Early Start will have a timely, comprehensive evaluation to determine eligibility and, if determined to be eligible, an assessment to deter-

START PROGRAM

mine service needs. Within 45 days of receipt of the referral to the regional center or LEA, a service coordinator facilitates the evaluation and assessment and convenes a meeting to develop the individualized family service plan (IFSP).

Because the primary responsibility for an infant's or toddler's well-being rests with the parents, they are an integral part of the evaluation and assessment process and participate in the development of the IFSP. Early Start services support the family and enhance the family's ability to meet the special needs of their infant or toddler. Services based on the child's needs are to be provided in "natural environments"—home and community settings in which children without disabilities participate. The regional center or LEA provides, arranges for, or funds all early intervention services. Provision is made for periodic and annual reviews of the IFSP to monitor progress, respond to the changing needs of the family over time, and coordinate transition planning for the time when the child turns 3 and is ineligible for Early Start.

Services under Early Start are designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant's or toddler's development. These services are specially designed to meet the unique needs and enhance the development of infants and toddlers and their families and may include home visits, group services, and family-involvement activities. Early intervention services may include:

- Assistive technology devices/ services
- Audiology services
- Family training, counseling, and home visits
- Some health services
- Medical services for diagnosis and evaluation
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Special instruction
- Social work services
- Transportation services
- Speech and language services
- Vision services
- Respite care
- Others as needed

Parents' Rights, Mediation, and Due Process

In Early Start, parents have rights and protections to ensure that early intervention services are provided to their children in a manner appropriate to their needs, in consideration of family concerns, and in compliance with state and federal statutes. DDS contracts with the Office of Administrative Hearings to conduct mediation and due process hearings for families in Early Start who have a disagreement with a regional center or LEA about the evaluation, assessment, or placement of their child or the identification or provision of appropriate early intervention services.

Family Resource Centers/Networks

Through Early Start, 55 resource centers or local networks receive funding to provide parent-to-parent support to families in local communities. State legislation enacted on August 18, 1997, mandated family resource centers/networks (FRC/Ns) as a specified early intervention service provider. FRC/Ns are primarily staffed by parents who have children with special needs and provide services in a nonclinical, family-centered atmosphere. The intent is to support the emotional and informational needs of families, provide referral information and outreach to underserved popula-

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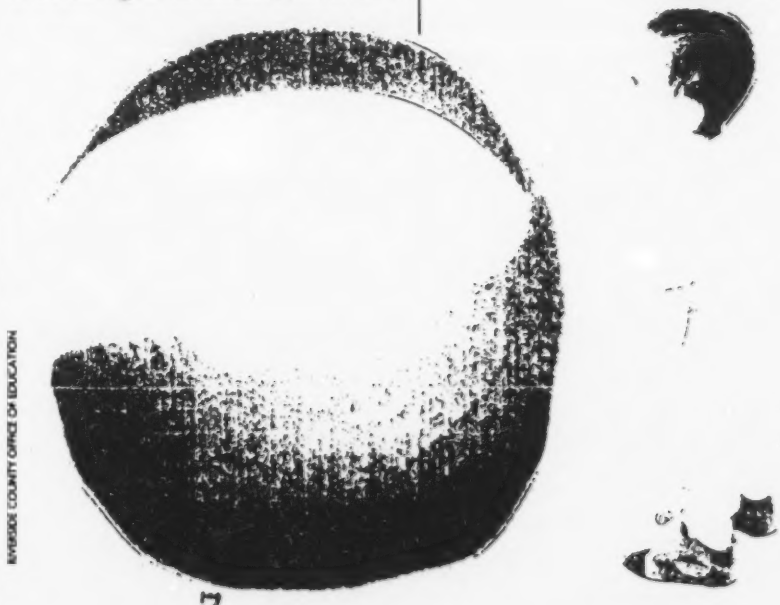


RIVERSIDE COUNTY OFFICE OF EDUCATION

tions, support child find activities and family/professional collaborative activities, and assist families with transition. Support services and resources provided in many languages are culturally responsive to the needs of the families they serve.

Regionalized Liaisons

Within DDS, the Prevention and Children's Services Branch has four primary liaisons between DDS and the 21 regional centers and the FRC/Ns on all Early Start Program and fiscal matters. The liaisons provide support, technical assistance, monitoring, and oversight on a scheduled and as-needed basis. To contact the DDS Early Start liaisons, call 916-654-2773.

At the California Department of Education, EEU consultants are also available to respond to requests for information from the field. The consultants also provide program oversight and conduct compliance reviews. Technical assistance is provided on site or through a variety of local and regional meetings. EEU consultants identify local staff and agency needs and provide or arrange technical assistance on site or through regional meetings. The EEU is also responsible for developing policy and procedures to facilitate program implementation.

EEU consultants also conduct infant/preschool field meetings in far

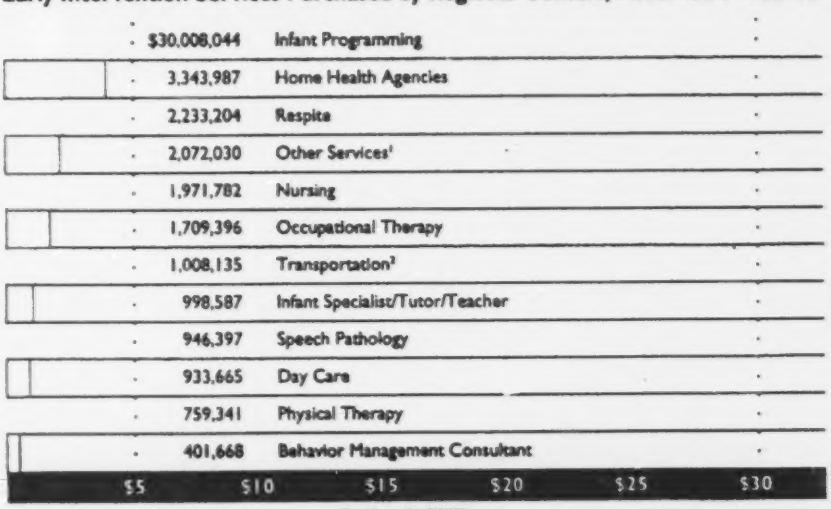
Children in the Program

Data collection efforts for Early Start have continually improved on all levels. Current data show that the 21 regional centers are serving more than 17,000 infants and toddlers annually, and LEAs are serving almost 5,100.

Children from Birth Through Age Two Served by LEAs, by Disability

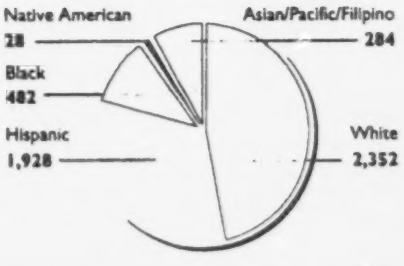
Seriously Emotionally Disturbed	2
Traumatic Brain Injury	12
Autism	44
Deaf-Blind	16
Specific Learning Disability	93
Deaf	186
Hard of Hearing	187
Multihandicapped	219
Visually Impaired	393
Noncategorical	771
Speech or Language Impaired	794
Other Health Impaired	794
Orthopedically Impaired	831
Mentally Retarded	732
Total	**5,074**

Early Intervention Services Purchased by Regional Centers, Fiscal Years 1996–98

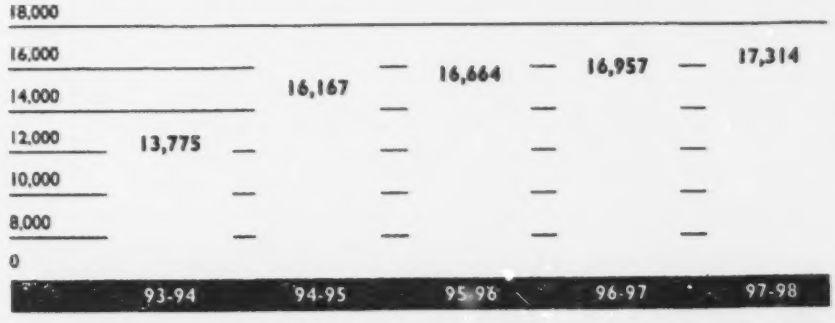


[1] "Other Services" is the aggregation of expenditures for all of the other services purchased for children under the age of 3 that are not specifically identified in this graphic, such as psychology, counseling, interpreting, translating, durable medical equipment, nutritional services, pharmaceuticals, recreation services, etc.
[2] Transportation costs reflect only specific fees for service arrangements and do not include contract transportation arrangements.

Number of Children in Special Education Programs in California from Birth to Age Two, by Ethnicity



Children Under Age 3 Served by Regional Centers, Fiscal Years 1993–98



northern, northern, Bay Area, Central Valley, central coast, Los Angeles, and other southern California locations. These field meetings provide up-to-date information and technical assistance on the best practices, current research, and improved technology. To contact the EEU, call 916-445-4623.

Monitoring and Technical Assistance

To ensure program compliance and support quality improvements, state interagency teams and community representatives visit regional centers and LEAs to conduct interviews and record reviews. Reports are completed noting strengths, technical assistance needs, and recommendations. The process, which has been refined with an emphasis on technical assistance with compliance, has promoted positive changes in the Early Start system.

Comprehensive System of Personnel Development

DDS and California Department of Education have focused on providing statewide training and technical assistance to ensure that early intervention and early childhood personnel are appropriately trained and qualified to meet the specialized needs of the children and families they serve. DDS has a contractual agreement with WestEd, for the California Early Intervention Technical Assistance Network (CEITAN), to coordinate the following activities:

- **Early Start Institutes** - provide personnel development opportunities to direct service providers and Early Start service coordinators. Core trainings are offered on topics related to early intervention competencies and best practices.
- **The California Early Start Personnel Development Scholarship Fund** - provides financial support for personnel development activities in the Early Start system.
- **Community College Certificate for Early Intervention Assistants** - provides for the completion of a pilot project involving diverse representatives to explore the possibility of implementing a certificate program for training early intervention assistants through the California community college system. Six community colleges are presently participating.
- **Consultant Network for Early Intervention Developmental Services** - provides for the coordination of a consultant network to assist DDS in developing effective program guidelines and informational products for the Early Start Program.

For information on these projects, contact CEITAN at 916-492-9999.

SEEDS

Supporting Early Education Delivery Systems (SEEDS) is a joint project of the California Department of Education and the Sacramento County Office of Education. SEEDS has established a network of consultants and visitation sites to assist LEAs in providing quality services; telephone (916) 228-2379.

SEECAP

The Special Education Early Childhood Administrators Project (SEECAP) provides training and technical assistance for administrators of early childhood special education programs; telephone (619) 292-3800.

Public Awareness and Outreach

Early Start Resources (ESR), contracted by DDS through WestEd, supports outreach and publicizes the activities of the statewide early intervention system by publishing a wide range of materials for parents and families, health care providers, and early intervention professionals. ***The Central Directory of Early Intervention*** provides a listing of state and regional publicly funded agencies and resources in California. ESR is currently updating the guide and the new edition will be available in early 1999. Also, ***Early Start Connections***, an informative quarterly newsletter, is designed for early intervention providers and families statewide. Printed materials are available in English, with selected products in Spanish and Vietnamese. In addition, ESR offers statewide access to the Early Intervention Library collection, which includes books, research, reports, training manuals, family education and support materials, and audio and videotapes for personnel and program development. Materials and subscriptions are free and may be obtained by contacting:

Early Start Resources
429 J Street
Sacramento, CA 95814
916-492-9990
800-869-4337
FAX 916-492-9995

Referral and Resource Information

Access to services may be obtained by contacting a local regional center, school district, county office of education, or family resource center. Information may also be obtained by calling the Early Start toll-free informational line at **800-515-BABY** or accessing the DDS Web site <http://www.dds.ca.gov> or the Department of Education Web site <http://www.cde.ca.gov>.

Early Warning Signs

All children develop at different rates and in different ways. Some children are born with special needs that can affect their growth and development. Other children may not show developmental problems, delays, or differences until later in childhood. Fortunately, many of these children can get the support they need to reach their potential if parents and child care providers recognize the signs of need early and get help.

The *Early Warning Signs* described on these pages are only a few of the indicators that a child may need further observation and assessment. If, for any reason, you suspect that your child or a child in your care may have special needs, we urge you to seek help immediately. The period from birth to age three is the best time to help the child and you may prevent more serious problems from occurring later. **DON'T WAIT** until the child enters kindergarten before you ask for assistance!

If you suspect that your child or a child in your care may have special needs, call or help the child's parents call the local school district or the special education program of the county office of education. Representatives of those agencies may schedule an assessment to see if the child qualifies for services. Parents must give written permission for the child to be tested and receive special education. All services are confidential and provided at no cost to the family.

For concerns regarding children birth to age three, call the California Department of Developmental Services at 1-800-515-BABY (2229). You will be provided with information on resources in your local community or your Family Resource Center for parent-to-parent support.

Risk Factors

The following situations place children at greater risk for health and developmental difficulties:

- Prematurity and/or low birth weight
- Prenatal or other exposure to drugs, alcohol, or tobacco
- Violence in the community or home
- Poor nutrition
- Family stress (for example, poverty, poor housing, homelessness, death in the family)

General Behavior

Some behaviors may be causes for concern or just part of the child's temperament or personality. The following behaviors should be looked at in light of the whole child.

The child . . .

- By six months of age, avoids being held or talked to or resists being soothed and comforted.
- Does not pay attention or stay focused on an activity for as long a time as other children of the same age do.
- Avoids or rarely makes eye contact with others.
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do.
- Often acts out; appears to be very stubborn or aggressive.
- Acts extremely shy or withdrawn.
- Does not like being touched.
- Does not like having certain types of materials or clothing next to body.
- Treats other children, animals, or objects cruelly or destructively.
- Tends to break things a lot.
- Displays violent behavior (tantrums, fighting, screaming, or hitting other children) on a daily basis.
- Stares into space, rocks body, or talks to self more often than other children of the same age.
- Often bangs head against an object, floor, or wall.
- Does not recognize dangerous situations, such as walking in traffic or jumping from high places.
- Tends to be sick often; complains of headaches or stomachaches.
- Has sleeping, feeding, eating or toileting problems.
- Is overly impulsive, active, or distractible.
- Does not respond to discipline as well as children of the same age.
- Has difficulty putting thoughts, actions, and movements together.
- Does not seek approval from parent or caregiver.

Hearing

The child . . .

- Has frequent earaches.
- Has had many ear, nose, or throat infections or allergies.
- By four months, does not look at the source of sounds or voices or react to loud noises.
- Talks in a very loud or very soft voice.
- Seems to have difficulty responding when called from across the room, even when it is for something interesting.
- Turns body so that the same ear is always turned toward a sound.
- Breathes through mouth.
- Has difficulty understanding what is said.

That your child or a child in your care may need help

Moving

The child . . .

- Has stiff arms or legs.
- Has floppy or limp body posture.
- Uses one side of the body more than the other.
- Has poor coordination or moves in a disorganized, clumsy manner compared with other children of the same age.
- At three months, still has difficulty holding head up.
- By age one, has difficulty sitting without help, standing up, reaching for objects, or picking up objects with thumb and index finger.
- By age two, has difficulty walking without help, kicking a large ball, scribbling, or building a tower with two or three blocks.
- By age three, does not walk up or down stairs, run without falling frequently, or turn pages of a book.
- By age four, has difficulty with such activities as standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb.
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors.

Seeing

The child . . .

- Rubs eyes frequently.
- Seems to have difficulty following objects or people with eyes.
- Has reddened, watering, or crusty eyelids.
- Holds head in a strained or unusual position when trying to look at an object.
- Has difficulty focusing or making eye contact.
- Seems to have difficulty finding or picking up small objects dropped on the floor.
- Closes one eye when trying to look at distant objects.

Communicating

The child . . .

- By age six months, rarely makes sounds like cooing or gurgling.
- Is unusually quiet.
- Does not shake head *no*.
- By age one, does not understand first words, such as *milk*, *bottle*, or *bye-bye*.
- By age one, does not say *mama* or *dada*.
- By age two, rarely names family members and/or common objects.
- By age two, does not speak in two-word phrases.
- By age two, does not point to objects or people to express want or need.
- By age three, does not know last name, gender, or common rhymes.
- By age three, does not follow simple directions or speak in three- or four-word sentences.
- By age four, does not tell stories, either real or make-believe, or ask frequent questions.
- By age four, does not speak in four- or five-word sentences and has speech that is not understandable by adults.
- By age five, does not know age and cannot answer *who*, *what*, *where*, *when* or *why* questions or use various types of sentences.

Thinking

The child . . .

- By age one, has a hard time figuring out simple problems, such as finding an object after seeing it hidden.
- By age two, does not identify simple body parts by pointing, match similar objects, or recognize self in a mirror.

- By age three, does not understand simple stories and ideas.
- By age three, does not understand simple mathematical concepts such as *one*, *more*, *less*, or count *1-2-3*.
- By age four, does not give correct answers to questions, such as *What do you do when you are sleepy or hungry?*
- By age four, cannot tell the difference between different shapes or colors.
- By age five, does not understand the concepts of *today*, *tomorrow*, or *yesterday*.

Playing

The child . . .

- By three months, does not coo or smile.
- By age one, does not play games like *peek-a-boo* or *pat-a-cake* or wave *bye-bye*.
- By age two, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work.
- By age three, tends to play alone more than with other children.
- By age three, does not play purposefully or initiates play through pushing and hitting.
- By age three, does not interact with adults and children outside the family.
- By age four, does not play make-believe games and group games such as hide-and-seek with other children.
- By age five, does not share and take turns.
- By age five, does not express concern or compassion, when appropriate.
- By age five, does not show off occasionally.

The California Department of Education's

Public schools have offered special education services on a permissive basis to preschool-age children since the 1940s. However, it was not until 1992 that state law required school districts to serve all children between the ages of three and five with disabilities.

Mission

The Early Education Program in Special Education seeks to provide, within the typical environment appropriate for young children, early education programs for children between the ages of three and five with disabilities and include active parent involvement.

The Early Education Program is designed to:

- Reduce significantly the potential impact of any disabling conditions.
- Produce substantial gains in the development of physical, cognitive, language and speech, psychosocial, and self-help skills.
- Help prevent the development of secondary disabling conditions.
- Reduce family stress.
- Reduce societal dependency and institutionalization.
- Reduce the need for special class placement in special education programs once the children reach school age.
- Save substantial costs to our society and schools.

Enrollment

Local educational agencies (LEAs) throughout California serve approximately 41,988 preschoolers, including 9,145 five-year-olds. An additional 17,643 five-year-olds are served in special education kindergarten programs. There are 22 five-year-olds in state-operated programs.

Early Education Services

Preschool programs pursuant to the Individuals with Disabilities Education Act (IDEA) are services specially designed to meet the child's unique needs. The program's focus is on the young child and the family. Programs include individual and group services in a variety of typical age-appropriate environments for young children, including the home. Services are to be coordinated with other state and local agencies.

Early Childhood Special Education

For preschool children from three to five years of age, this program includes:

- Observing and monitoring the child's behavior and development in his or her environment
- Providing developmentally and age-appropriate activities
- Interacting and consulting with the family members, regular preschool teachers, and other service providers
- Assisting parents in accessing and coordinating services provided by other agencies or programs in the community
- Providing opportunities for play and for the development of self-esteem and preacademic skills
- Providing access to developmentally appropriate equipment and specialized materials
- Providing appropriate related services that include counseling and training for parents to help them understand and meet their child's unique strengths and needs
- Providing early education in the least restrictive environment or in the typical environment for young children (This may require modification in the delivery of services.)
- Providing delivery of services to enable the child to receive them in a group program according to the child's need (Group services shall not exceed four hours per day unless otherwise determined by the individualized education program [IEP] team.)
- Provisions for instructional adult-to-child ratios for children served in group settings shall be one to six or less, depending on the individual needs of the child.

Related Services

The program assesses the needs of the preschool child in order to provide services identified in the child's IEP. Services offered are:

- Assistive technology
- Audiology
- Counseling
- Health services
- Occupational therapy
- Orientation and mobility
- Parent counseling and training
- Physical therapy
- Psychological services
- Social work services
- Speech-language pathology services
- Transition
- Transportation
- Vision services

Where Children Are Served

Settings in which services are provided include:

- Regular public or private preschool programs
- Child development centers or family day care settings

Preschool Special Education Program

- The child's regular environment, including the home
- Special sites where preschool programs for children with disabilities and nondisabled children are located close to each other, enabling resources and programming to be shared
- Special education preschool programs with nondisabled children attending and participating in all or part of the program
- Public school settings that provide age-appropriate environments, materials, and services

Administration

Early education services for infants, toddlers, preschoolers, and their families, along with services to children with disabilities in kindergarten and in grades one to three, are provided by LEAs with the support of the Early Education Unit (EEU). The EEU promotes services that maximize the significant, positive impact of early education and early intervention on the lives of young children and provides technical assistance to LEAs.

The EEU consults and collaborates with other state and local agencies to meet the requirements of the IDEA. The EEU is responsible for developing policies and administering programs that are coordinated by 115 special education local plan areas (SELPAs) and are provided by LEAs, such as school districts and county offices of education.

Funding

LEAs receive funding from state general funds as well as from federal grants, which are distributed on a per child basis.

Number of Children Enrolled in Special Education Programs in California

	Ages Three and Four	Age Five	Total
1992	24,742	24,573	49,315
1993	29,459	22,845	52,304
1994	29,690	24,016	53,706
1995	30,218	24,876	55,094
1996	32,425	26,179	58,604
1997	32,172	26,524	58,696
1998	32,843	26,810	59,653

Source: "April 1998 Pupil Count," in *California Special Education Management Information System (CASEMIS), 1997-98 Edition.* Sacramento: California Department of Education, 1998.

Training and Technical Assistance

Regional consultants are available to respond to requests for information from the field. The consultants also provide program oversight. Technical assistance is provided on site or through a variety of local and regional meetings. The EEU identifies local staff and agency needs and develops policy and procedures to facilitate program implementation.

The EEU conducts infant/preschool field meetings in far northern, northern, Bay Area, central valley, central coast, Los Angeles, and other southern California locations. These field meetings provide up-to-date information and technical assistance on the best practices, current research, and improved technology.

The California Institute on Human Services (CIHS) at Sonoma State University provides training and support for preschool inclusion programs; telephone (707) 664-3929.

Resources in Special Education (RiSE) is a cooperative project of the California Department of Education and WestEd. RiSE publishes *The Special EDge* newsletter and maintains the California Early Intervention Library. RiSE is a resource for professionals and parents; telephone (916) 492-9990 or (800) 869-4337.

Regional Center Services for Children Over the Age of 3

System of Developmental Disabilities Services

The California Department of Developmental Services (DDS), under the Lanterman Developmental Disabilities Services Act, provides leadership and funding for services to individuals with developmental disabilities of all ages. Regional centers, under a contract with DDS, serve as the point of entry into the developmental disabilities service system. With offices statewide, regional centers and the state-operated developmental centers provide local resources and services to assist families. These services and supports are provided through a combination of federal, state, county, and local government services, private businesses, and support groups and volunteers.

Eligibility Criteria

To be eligible for services, a child must have a disability that began before his/her 18th birthday, is expected to continue indefinitely, and presents a significant disability. The disability must be due to one of the following conditions:

- Mental retardation
- Cerebral palsy
- Epilepsy
- Autism
- Disabling conditions closely related to mental retardation or requiring similar treatment

Individuals at risk of having a child with a developmental disability may be eligible for referral for genetic diagnosis, counseling, and other prevention services.

A developmental disability does not include other disabling conditions that are solely physical in nature.

Services Provided

PRIVATE COLLECTION

Regional centers provide or coordinate a broad range of services related to a developmental disability. There is no charge for diagnosis or assessment for eligibility. Once eligibility is determined, most services are free regardless of the child's age or family income. Parents are required to share the cost of 24-hour out-of-home placements for children. This share depends on the parent's ability to pay. The following services are provided:

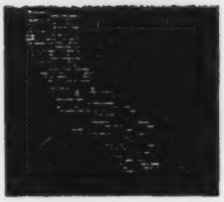
- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil, and service rights
- Genetic counseling
- Family support
- Planning, placement, and monitoring for 24-hour out-of-home placement
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

Service Coordination

The regional center helps coordinate the services needed because of a child's developmental disability. A case manager or service coordinator is assigned to help develop a plan of service and oversee implementation of the plan. The regional center uses a planning process called an individual program plan (IPP) for all eligible persons over the age of 3. This plan is prepared by the parents of a minor child; a guardian or conservator, if any; adult consumer; anyone the family chooses to invite to the planning meeting; and the regional center staff.

The IPP lists the goals for the child and services needed to reach those goals. It lists who will provide the service and who will pay for it. All services listed in the IPP will be provided either by a generic or natural resource, a regional center vendor, or directly by the regional center.

Regional centers are required by law to provide services in the most cost-effective way possible. They must use all other resources, including generic resources, before using any regional center funds. A generic resource is a service provided by an agency that has a legal responsibility to provide services to the general public and receives public funds for providing them. Some generic agencies that families are referred to are the local school district, county social services, Medi-Cal, Social Security Administration, Department of Rehabilitation, and others. Other resources may include natural supports that would be provided by family, friends, or others at little or no cost.



Agencies Serving Young Children with Disabilities and Child Care Referral Agencies

COUNTY	REGIONAL CENTER[1]	FAMILY RESOURCE CENTER[2]	SPECIAL EDUCATION LOCAL PLAN AREAS[1]	CHILD CARE RESOURCE AND REFERRAL AGENCIES[3]
Alameda	Regional Center of the East Bay 510/383-1200	Family Resource Network 510/547-7322	Mid-Alameda County SELPA 510/537-3000 x1220 Mission Valley SELPA Fremont Unified School District 510/659-2569 North Region SELPA Alameda Unified School District 510/337-7190 Oakland Unified SELPA 510/879-8223 Tri-Valley SELPA Livermore Valley Joint Unified School District 925/606-3208	4Cs of Alameda County Hayward 510/582-2189 Child Care Links Livermore 925/455-5111 BANANAS, Inc. Oakland 510/658-0381
Alpine	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	Tahoe-Alpine County SELPA 530/541-2850	Choices for Children 916/694-2129
Amador	Valley Mountain Regional Center 209/473-0951	Family Resource Network 209/472-3674	Tri-County SELPA 209/533-8719	HRC-Child Care Resources 209/223-1624
Butte	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Butte County SELPA 530/538-7466	Valley Oak Children's Services 530/895-3572
Calaveras	Valley Mountain Regional Center 209/473-0951	Family Resource Network 209/472-3674	Tri-County SELPA 209/533-8719	HRC-Child Care Resources 209/754-1075
Colusa	Alta California Regional Center 916/614-0400	Colusa County Family Resource Center 530/458-7535	Colusa County SELPA 530/458-8891 x14	Children's Services 916/458-0300
Contra Costa	Regional Center of the East Bay 510/383-1200	CARE/Center for Access to Resources and Education 925/313-0999 800/281-3023	Contra Costa SELPA 925/827-0949 Mt. Diablo Unified SELPA 925/682-8000 x4047 West Contra Costa Unified SELPA 510/741-2800	Contra Costa Child Care Council Central City: 925/676-KIDS East City: 925/778-KIDS West City: 510/233-KIDS
Del Norte	Redwood Coast Regional Center 707/445-0893	Del Norte Family Resource Center 707/465-1131	Humboldt-Del Norte SELPA 707/445-7043	Del Norte Child Care Council 707/464-8311

[1] **Regional centers and special education local plan areas (SELPAs)** provide assessment services to determine child eligibility and service needs. They share primary responsibility for coordinating and/or providing local-level early intervention, developmental, and educational services to children and their families.

[2] **Family resource centers/networks (FRCs/Ns)** provide parent- and family-oriented support and information to families with children eligible for services from regional centers and SELPAs. Some FRC/Ns provide services only to families with children birth to 3 years of age; others serve all ages.

[3] **Child care resource and referral agencies** provide information to all parents and the community about the availability of child care, assist local providers in the licensing process, provide direct services (including training), and coordinate community resources for the benefit of parents and local child care providers.

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
El Dorado	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	El Dorado County SELPA 530/295-2228 Tahoe-Alpine County SELPA 530/541-2850	Choices for Children Lake Tahoe: 530/541-5848 Shingle Springs: 916/676-0707
Fresno	Central Valley Regional Center 209/276-4300	Clovis Family Resource Center 209/298-2011 Exceptional Parents Unlimited Fresno 209/229-2000 United Cerebral Palsy Association FRC Hanford 209/584-1551	Clovis Unified SELPA 209/297-4000 x2100 Fresno County SELPA 209/265-3051 Fresno Unified SELPA 209/441-3013	Central Valley Children's Services Network 209/456-8195
Glenn	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Glenn County SELPA 530/934-6575 x19	Glenn County Office of Education 530/865-1118
Humboldt	Redwood Coast Regional Center 707/445-0893	The Special Needs Connection 707/444-8293 800/795-3554	Humboldt-Del Norte SELPA 707/445-7043	Humboldt Child Care Council 707/444-8293
Imperial	San Diego Regional Center 619/576-2996	Exceptional Family Resource Center 619/268-8252 800/281-8252 (619 area code)	Imperial County SELPA 760/339-6419	Imperial County Child Development Services 760/312-6431
Inyo	Kern Regional Center 805/327-8531	Eastern Sierra Infant Connection 760/938-2633 800/237-6996	Inyo County SELPA 760/938-2936	Child Care Connection 760/873-5123
Kern	Kern Regional Center 805/327-8531	HEARTS Connection of Kern County 805/327-8531 x282	Bakersfield City SELPA 805/631-5863 x230 Kern County Consortium SELPA 805/636-4801	Community Connection for Child Care 760/375-3234
Kings	Central Valley Regional Center 209/276-4300	Exceptional Parents Unlimited 209/229-2000 United Cerebral Palsy Association FRC Hanford 209/584-1551	Kings County SELPA 209/584-1441	Kings County Community Action Organization 209/582-4386
Lake	Redwood Coast Regional Center 707/445-0893	Lake County Family Resource Center 707/262-0672	Lake County SELPA 707/262-4130	NCO-Rural Communities Child Care Clearlake: 707/994-4647 Lakeport: 707/263-4688
Lassen	Far Northern Regional Center 530/222-4791	Rainbow Regional Family Support and Resource Network 530/251-2417 800/537-TALK	Lassen County SELPA 530/257-7266	Lassen Child and Family Resources 530/257-9781

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
Los Angeles	Eastern Los Angeles Regional Center Alhambra 626/299-4700 Frank D. Lanterman Regional Center Los Angeles 213/383-1300 Harbor Regional Center Torrance 310/540-1711 North Los Angeles County Regional Center Van Nuys 818/778-1900 San Gabriel/Pomona Regional Center Pomona 909/620-7722 South Central Los Angeles Los Angeles 323/734-1884 Westside Regional Center Culver City 310/337-1155	Carolyn Kordich Family Resource Center Harbor City 310/325-7288 Harbor Regional Center Family Resource Center Torrance 310/543-0691 Long Beach Family Resource Center Los Alamitos 562/985-1152 Southeast Family Resource Center Hawaiian Gardens 562/926-9838 Southwest Special Education Family Resource Center El Segundo 310/606-0859 Westside Coastal Family Resource Center Culver City 310/258-4063 Frank D. Lanterman Regional Center/Koch-Young Family Resource Center Los Angeles 213/383-1300 x418 800/546-3676 (local area only) Loving Your Disabled Child Family Resource Center Los Angeles 213/299-2925 South Central Los Angeles Resource Center SCLARC-Cimarron: 213/734-1884 SCLARC - Adams: 213/730-2279 or 2272 SCLARC - Gardena: 310/715-2003 Families Caring for Families Family Resource Center Lancaster 805/949-1746 Family Focus Resource Center Northridge 818/677-5575 The Parents' Place West Covina 626/856-8861 800/422-2022 (local area only) Partnership in Early Intervention Family Resource Centers Alhambra 626/300-9171 562/906-1141	Antelope Valley SELPA 805/274-0147 Downey-Montebello SELPA 562/867-1783 East San Gabriel Valley Service Area SELPA 626/966-1679 Foothill SELPA Glendale 818/246-5378 Long Beach Unified SELPA 562/997-8311 Los Angeles County SELPA Juvenile Court and Community Schools SELPA 562/622-6671 Los Angeles Unified SELPA Infant Preschool Program 213/625-6701 Norwalk-La Mirada/ABC SELPA 562/868-0431 x2085 Pasadena Unified SELPA 626/568-4531 Puente Hills Service Area SELPA 562/867-1783 Santa Clarita Service Area SELPA 805/274-0147 Southwest SELPA El Segundo 310/606-0255 Tri-City SELPA Beverly Hills 310/277-5900 x226 West San Gabriel Valley Service Area SELPA 562/699-1376 Whittier Area Cooperative SELPA 562/945-6431	Child Care Information Service Pasadena 626/449-8221 Child Care Resources of San Fernando Valley 818/756-3360 Child Care Resource Center Lancaster 805/949-0615 Children's Home Society of California Long Beach 562/901-3157 Connections for Children Santa Monica 310/452-3202 Crystal Stairs, Inc. Los Angeles 213/299-0199 Equipoise, Inc. Compton 310/605-1770 Mexican American Opportunity Foundation Montebello 213/890-9616 Options-A Child Care and Human Services Agency Baldwin Park 626/856-5900 Child Care Information Service Pomona (and W. San Bernardino County) 909/397-1740
Madera	Central Valley Regional Center 209/276-4300	Madera County Early Start Family Resource Center 209/675-3063	Madera-Mariposa SELPA 209/673-6051 x266	Madera County Action Committee R&R 209/675-8469

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
Marin	Golden Gate Regional Center 415/546-9222	MATRIX Parent Network and Resource Center 415/884-3535	Marin County SELPA 415/499-5850	Marin Child Care Council 415/479-2273
Mariposa	Central Valley Regional Center 209/276-4300	Mariposa Family Resource Center 209/966-3449	Madera-Mariposa SELPA 209/673-6051 x266	
Mendocino	Redwood Coast Regional Center 707/445-0893	Mendocino County Inland Family Resource Center Ukiah 707/462-7566 Parents Empowering Parents, Inc. Fort Bragg 707/964-5228	Mendocino County SELPA 707/463-4897	NCO-Rural Communities Child Care Willits: 707/459-2019 Fort Bragg: 707/964-3080 Ukiah: 707/462-1954
Merced	Central Valley Regional Center 209/276-4300	Challenged Parent Directed Family Resource Center 209/385-8454	Merced County SELPA 209/381-6711	Children's Services Network of Merced County, Inc. 209/722-3804
Modoc	Far Northern Regional Center 530/222-4791	Rainbow Regional Family Support and Resource Network 530/251-2417 800/537-TALK	Modoc County SELPA 530/233-7109	Modoc Child Care R&R 916/233-5437
Mono	Kern Regional Center 805/327-8531	Eastern Sierra Infant Connection 760/938-2633 800/237-6996	Mono County SELPA 760/934-0031	Community Connection for Children 760/934-3343
Monterey	San Andreas Regional Center 408/374-9960	Peaks & Valleys Family Resource Center 408/424-2937 800/400-2937 (Monterey County only)	Monterey County SELPA 408/755-0340	Monterey County Child Care R&R 408/757-0775
Napa	North Bay Regional Center 707/256-1100	MATRIX Parent Network and Resource Center Family Support and Resource 707/586-3314 800/578-3592	Napa County SELPA 707/253-6807	Community Resources for Children 707/253-0376
Nevada	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	Placer-Nevada County SELPA 530/889-5902	Sierra Nevada Children's Services 530/587-5960
Orange	Regional Center of Orange County 714/796-5222	Comfort Connection Family Resource Center 714/748-7491	Anaheim City SELPA 714/517-8524 Garden Grove Unified SELPA 714/663-6233 Greater Anaheim SELPA 714/828-1766 Irvine Unified SELPA 714/651-0444 Newport-Mesa Unified SELPA Costa Mesa 714/424-5062 North Orange County SELPA Fullerton 714/870-4850 Northeast Orange County SELPA Placentia 714/996-2550 Orange Unified SELPA Orange 714/628-4065	Children's Home Society of California 714/543-2273

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
Orange (Continued)			Santa Ana Unified SELPA 714/558-5861 South Orange County SELPA Laguna Beach 714/376-2144 Tustin Unified SELPA 714/730-7301 x333 West Orange County Consortium for Special Education Huntington Beach 714/964-3339 x423	
Placer	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	Placer-Nevada County SELPA 530/889-5902	Placer County Office of Education Child Care Services Tahoe Vista: 916/546-3450 Loomis: 530/652-1055
Plumas	Far Northern Regional Center 530/222-4791	Rainbow Regional Family Support and Resource Network 530/251-2417 800/537-TALK	Plumas Unified SELPA 530/283-6500 x227	Plumas Rural Services 530/283-4453
Riverside	Inland Regional Center 909/890-3000	Early Start Family Resource Network 909/890-3103 800/974-5553	Corona-Norco Unified SELPA Norco 909/736-5090 Moreno Valley Unified SELPA 909/485-5600 x2974 Riverside County SELPA Riverside 909/788-6635 Riverside Unified SELPA Riverside 909/788-7142	Riverside County Office of Education 909/788-6626
Sacramento	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	Elk Grove Unified SELPA Office of Student Services Elk Grove 916/686-7780 Sacramento City Unified SELPA Sacramento 916/264-3333 Sacramento County SELPA Sacramento 916/228-2446 San Juan Unified SELPA Carmichael 916/971-7953	Child Action, Inc. 916/369-0191
San Benito	San Andreas Regional Center 408/374-9960	Special Connections Family Resource Center 831/636-4410	San Benito County SELPA 831/637-5393 x112	Growth and Opportunity, Inc. 408/637-9205
San Bernardino	Inland Regional Center 909/890-3000	Early Start Family Resource Network 909/890-3103 800/974-5553	Desert/Mountain SELPA Apple Valley 760/242-6333 x130 East Valley Consortium SELPA Colton 909/443-4798 Fontana Unified SELPA Fontana 909/357-5000 x7254	San Bernardino Co. Schools-Child Development Services 909/384-1492

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
San Bernardino (Continued)			Morongo Unified SELPA Twentynine Palms 760/367-9191 x230 San Bernardino City Unified SELPA 909/381-1197 West End SELPA Rancho Cucamonga 909/481-4547 x255	
San Diego	San Diego Regional Center 619/576-2996	Exceptional Family Resource Center 619/268-8252 800/281-8252 (619 area code)	Poway Unified SELPA 619/748-0010 x2355 San Diego City Unified SELPA 619/225-3606 San Diego East County SELPA El Cajon 619/590-3920 San Diego North Coastal Consortium SELPA San Marcos 760/471-8208 San Diego North Inland SELPA Ramona 760/788-4671 San Diego South County SELPA Chula Vista 619/498-8171	YMCA Childcare Resource Service San Marcos: 760/471-2751 Lemon Grove: 619/667-2955 San Diego: 619/521-3070
San Francisco	Golden Gate Regional Center 415/546-9222	Support for Families of Children with Disabilities 415/282-7494	San Francisco Unified SELPA 415/452-4606	Children's Council of San Francisco 415/920-7282
San Joaquin	Valley Mountain Regional Center 209/473-0951	Family Resource Network 209/472-3674	Lodi Unified SELPA 209/331-7061 San Joaquin County SELPA 209/468-4925 Stockton City Unified SELPA 209/953-4035	Family Resource and Referral Center 209/948-1553
San Luis Obispo	Tri-Counties Regional Center 805/962-7881	Parents Helping Parents 805/549-8148	San Luis Obispo County SELPA 805/782-7300	EOC-Child Care Resource Connection 805/544-4355
San Mateo	Golden Gate Regional Center 415/546-9222	MORE for Infants and Families 650/259-0189	San Mateo County SELPA 650/802-5464	Child Care Coordinating Council of San Mateo County 650/696-8787
Santa Barbara	Tri-Counties Regional Center 805/962-7881	Family First Alpha Resource Center 805/683-2145	Santa Barbara County SELPA 805/683-1424	Children's Resource and Referral Program Santa Barbara: 805/962-8988 Santa Maria: 805/925-1989
Santa Clara	San Andreas Regional Center 408/374-9960	Parents Helping Parents 408/727-5775	Santa Clara County SELPA 408/453-6960	Community Coordinating Child Development 408/487-0749
Santa Cruz	San Andreas Regional Center 408/374-9960	Special Connections Family Resource Center Santa Cruz: 831/464-0669 Watsonville: 831/761-6066	North Santa Cruz County SELPA Santa Cruz 408/464-0667 Pajaro Valley Unified SELPA Watsonville 408/761-6082	Child Development Resource Center 408/476-8585

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Agencies Serving Young Children with Disabilities and Child Care Referral Agencies (Continued)

COUNTY	REGIONAL CENTER	FAMILY RESOURCE CENTER	SPECIAL EDUCATION LOCAL PLAN AREAS	CHILD CARE RESOURCE AND REFERRAL AGENCIES
Shasta	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Shasta County SELPA 530/225-0100	Early Childhood Services-Shasta County Office of Education 530/224-3200
Sierra	Alta California Regional Center 916/614-0400	Rainbow Regional Family Support and Resource Network 530/251-2417 800/537-TALK	Sierra County SELPA 530/993-4991	Sierra Nevada Children's Services Loyalton: 530/993-1288 Downieville: 530/289-3666
Siskiyou	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Siskiyou County SELPA 530/842-8432	Siskiyou Child Care Council 530/938-2748
Solano	North Bay Regional Center 707/256-1100	MATRIX Parent Network and Resource Center Family Resource Center of the North Bay 707/432-0568 800/578-3592	Solano County SELPA 707/399-4460 Vallejo City SELPA 707/556-8867	Solano Family & Children's Services 707/642-5148
Sonoma	North Bay Regional Center 707/256-1100	MATRIX Parent Network and Resource Center Family Resource Center of the North Bay 707/586-3314 800/578-3592	Sonoma County SELPA 5340 Skylane Boulevard Santa Rosa 707/524-2750 Fax: 707/524-2754	4Cs of Sonoma County 707/544-3084
Stanislaus	Valley Mountain Regional Center 209/473-0951	Family Resource Network 209/472-3674	Modesto City SELPA 209/576-4155 Stanislaus County SELPA 209/541-2944	Stanislaus County Office of Education-CCR&R 209/525-5049
Sutter	Alta California Regional Center 916/614-0400	Sutter County Parent Network 530/751-1925	Sutter County SELPA 530/822-5110	Children's Home Society of California 800/552-0400
Tehama	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Tehama County SELPA 530/527-5811	Shasta County Office of Education Child Care Referral and Education 530/529-3131
Trinity	Far Northern Regional Center 530/222-4791	Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc. 530/876-8321 800/750-1101	Trinity County SELPA 530/623-2861 x248	Human Response Network 530/623-5437
Tulare	Central Valley Regional Center 209/276-4300	Parenting Network Inc. 209/625-0384	Tulare County SELPA 209/733-6317	Tulare County Office of Education 209/651-0862
Tuolumne	Valley Mountain Regional Center 209/473-0951	Family Resource Network 209/472-3674	Tri-County SELPA 209/533-8719	Infant/Child Enrichment Services 209/533-0377
Ventura	Tri-Counties Regional Center 805/962-7881	Rainbow Connection Resource Center 805/485-9643 (English and Spanish) 805/485-9892 (Spanish) 800/332-3679	Ventura County SELPA 805/383-1919	Child Development Resources of Ventura County, Inc. 805/485-7878
Yolo	Alta California Regional Center 916/614-0400	WarmLine Family Resource Center 916/631-7995 800/660-7995	Yolo County SELPA 530/668-3786	City of Davis-Child Care Services 530/757-5691
Yuba	Alta California Regional Center 916/614-0400	Yuba County Family Resource Network 530/743-6063	Yuba County SELPA 530/741-6231 x116	Children's Home Society of California 800/552-0400

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The Map to Services for Children with Special Needs and Their Families

AGE	QUESTIONS OR CONCERNS	REFERRAL	EVALUATION AND ASSESSMENT
Birth to 3	Child appears to have difficulty relating to caregiver or does not meet typical developmental milestones or demonstrate age-appropriate behavior. Providers can: • Observe the child and provide developmental information to the parent. • Share information regarding the child's interests, interactions, and behaviors at home and in the child care setting. • Work closely with families to identify specific areas of concern. • Refer to medical provider to rule out any physical causes, including vision and hearing problems. • Discuss with the family the option to refer their child to the California Early Start Program. Call the Babyline at 800-515-BABY for information and referral sources. • Call the California Child Care Healthline at 800-333-3212 for more information.	Children from birth to three years may qualify for early intervention services in the Early Start Program. The parents may refer their child directly to an Early Start Program or have their health care provider or other professional make the referral. Parents *do not* have to make that first call. After the referral, the parents will be contacted, informed of their rights as parents under the law, and asked whether they wish to initiate services. A service coordinator will be assigned to assist the family. Parents have the right to an evaluation of their child's performance. Referrals should be made to the local regional center or school district. Call the Department of Developmental Services at 800-515-2229 to obtain the phone numbers in your area.	Evaluation may determine whether the child has a delay or disability; identify the child's strengths and concerns about development; and help in planning for intervention. Children referred to the Early Start Program are evaluated by means that are not racially or culturally discriminatory. Evaluation is conducted in the following developmental areas: physical (includes vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive skills. Evaluation and assessment: • Are conducted by a multidisciplinary team of qualified personnel that consist of a nurse, psychologist, educator, or therapists. • Identify the infant or toddler's unique strengths and needs. • With family consent, identify their resources, priorities, and concerns in the language of the parents' choice. • Must be completed within 45 days of referral. • Should be ongoing as child develops and grows.
3 to 5	Child is having difficulty at home or in child care and is not developing as are other children of the same age. Child care providers can: Use the brochure *Early Warning Signs* as a guide. Concerns for preschool children may include the following: • Has limited understanding and use of language • Does not play with other children • Has very short attention span • Overly aggressive or frequently hurts self or others • Frequently falls, is clumsy, has poor motor coordination Discuss parents' perception of child's strengths and any concerns. Have parents observe their child in the child care program. Maintain open and ongoing communication with the family and school.	Parents should call the local school district or county office of education to make a referral. Other agencies and child care programs may contact the schools, but *only* with written consent of the family. • The family should contact the regional center (call 800-515-BABY for the local contact) if a developmental disability is suspected. Regional centers have 15 working days to complete the intake process. • A referral to the health care provider should be made to rule out physical or health causes.	School districts evaluate children to determine whether they qualify for special education and related services. Written parent permission is required for the evaluation. Health care and other professionals should stay informed and involved. Information from child care staff may be included as part of the assessment. Assessment: • Must be done in the primary language of the child by a team of professionals. • May be conducted in group care settings, including child care. • Should be unbiased. • Should be completed in all areas of the suspected disability. Parents have the right to request an assessment of their child for eligibility with the regional center if a disability is present. There are legal timelines to the process. For information regarding all parental rights and entitled services in the regional center system, call Protection & Advocacy, Inc., at 800-776-5746.
5 and Older	School-age children are typically identified because of behavior or academic problems in school, such as the following: • Not doing well in school, even after accommodations are made and educational support is provided in the regular classroom • Does not complete or forgets to turn in homework *frequently* • Has learning or behavior problems • Not reading by second grade Child care providers can: • Support families - listen and share what works. • Identify key areas that may be cause for concern. • Maintain open and ongoing communication with the family and school. For older elementary and middle school children: • Problems may occur as children enter a new school or change classes. • Social problems may give parents and providers cause for concern beyond the typical entry into adolescence. • Child care for children with special needs is more difficult to obtain because typical children of this age are often not in group care settings.	Parents may contact the special education department in their local school or district office to make a referral. If a child has a developmental disability, parents should also contact the local regional center. Child care providers may obtain written consent from the family to allow communication between the child care program and the school district to coordinate referral and possible services.	Schools evaluate children with written consent of the parent. Assessment: • Can identify differences between the child's ability and how well s/he is doing in school. • Identify social problems. Student study teams (SSTs) are available at most schools to observe and assess children. SSTs are not required to follow any timelines or provide due process rights for parents, unlike special education. Parents may bypass the SST and make a referral directly to special education. The law requires a *functional behavioral assessment* by mental health professionals for children with severe behaviors. The assessment must be conducted before a child is suspended or expelled from school.

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ELIGIBILITY	PROGRAM PLANNING	SERVICES	TRANSITION OR PERIODIC REVIEW
Eligibility for services is based on the results of the evaluation and includes one or more of the following conditions: 1. Significant delays in one or more of the following developmental areas: cognitive; physical and motor, including vision and hearing; communication; social or emotional; or adaptive (self-help). 2. "Established risk conditions" means having a high probability of leading to developmental delay (e.g., Down syndrome). 3. High risk of having a developmental disability due to a combination of biomedical risk factors (e.g., low birth weight, prematurity, or medical complications). For children who do *not* qualify for services, a meeting is held to discuss the evaluation results. Families and providers can request specific suggestions for working with the child. The child care provider may attend the meeting if the parent so requests.	Individualized family service plans (IFSPs) are developed for infants and toddlers who qualify for the Early Start Program and include the following information: • Child's present level of development • If the family consents, the resources, priorities, and concerns of the family • Major outcomes desired for the child/family • Specific early intervention and other appropriate services necessary • Dates for initiation and duration of services • Name of the service coordinator responsible for implementation and coordination with other agencies and persons • Planning for the child's transition at age 3 to a preschool program or other community services • Informed written consent of parents or guardian Child care providers may attend IFSP meetings if the parent requests their presence. The IFSP meeting is conducted in the language of the family or through the use of interpreters.	A variety of services may be offered to promote the child's development and support the family. Services are provided in *natural environments*, such as: • The child's home • The child care center and/or family child care homes • Other settings where there are typically developing children A listing of services for children who are eligible can be found on the following page.	The IFSP must be reviewed every 6 months or as needed or requested. The Early Start Program ends when the child turns 3. A transition plan to preschool is written as part of the IFSP when the child is 2 years, 9 months (or earlier if needed) to prepare for the change in program. The service coordinator facilitates the transition and the exchange of information between regional centers, schools, and other agencies. Transition steps may include: • Obtaining parental consent for a referral to the school district for special education services • Obtaining parental consent for referrals to other community agencies • Arrangements for evaluations to determine eligibility for special education services at age 3 • Developing an individualized education plan (IEP) to be implemented by age 3 At the request of parents, child care providers may give recommendations for the transition process, information to preschool programs, and support to families.
To qualify for special education services, children 3 to 5 years of age must meet one of the following criteria: 1. The child has a *significant delay* in one of the following skill areas: gross or fine motor development, receptive or expressive language, social or emotional development, cognitive development, or visual development. 2. The child has a *moderate delay* in any two areas above. 3. The child has a disabling condition or established medical disability that can include autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, or visual impairment.	Individualized education programs (IEPs) are developed for children who qualify for special education and contain the following information: • Present levels of educational performance • Measurable annual goals and short-term objectives • Services related to special education • Supplementary aids and services and program modifications or supports provided for school personnel • Explanation of why child will *not* participate in the regular class • Individual modifications needed to participate in state and districtwide assessments • Projected dates to begin services, the frequency, location, and duration; dates of modifications • How child's progress is measured and how parents will be regularly informed School districts develop a "504 Plan" for children with a disability who require adaptation or services but do not qualify for special education. This can be used for children with health problems (e.g., asthma, diabetes, seizures) and attention deficit disorder. Regional centers develop an individualized program plan (IPP) for children who qualify for their services.	Services are provided in the least restrictive environment as decided by the IEP team, which may include the home, preschool, or child care setting. A listing of preschool special education services for children who qualify may be found on the following page. Regional center services are based on the child/family needs as identified on the IPP. The services are listed on the following page. Child care providers may invite special education and other specialist staff to observe the child in your program, show you what to do, and give you information on how to best improve the child's skills and meet his/her needs. The specialists can also learn by seeing the child in a "typical" setting with "typical" children.	An appropriate reassessment should be conducted before the child enters kindergarten to determine whether s/he still needs special education and to plan for the appropriate services and supports. Families should visit sites and determine the best program based on the child's strengths and family concerns. Child care providers help families by: • Providing support. • Preparing the child/family for change. • Accompanying the parent on site visits, and • Talking with staff of special education and other programs regarding the child's strengths and needs.
Children qualify for special education services under the following categories: Hearing impairment Visual impairment Language or speech disorder • very difficult to understand • abnormal voice • fluency disorder (stuttering) • language disorder (speaking or understanding) Severe orthopedic impairment Other health impairments (chronic or acute health problems) Autistic-like behaviors Mental retardation Emotional disturbance Specific learning disabilities Traumatic brain injury If the child has a developmental disability, s/he continues to be eligible for services at the regional center.	Child care providers can: • Get parents' permission to share relevant information about the child between the service providers and the child care staff. • Request assistance and communicate with specialists to get information about children to plan better and support them. • Ask for help by inviting the special education staff to visit the child care program and offer recommendations. • Participate as part of the team to develop and implement the IEP. Specialized programs and vocational and recreational services are available in communities. Some programs provide services before and after school. Contact the local parks and recreation programs, Special Olympics, or AYSO (American Youth Soccer Organization).	Since most children of this age are in school, special education services are typically provided in school during school hours. • Children may be bused to other service providers (e.g. CCS-Medical Therapy Units for occupational and/or physical therapy). • Services must be provided in the *least restrictive environment* (e.g., school, home, or private school). Special education consultation or services are allowed to be provided in a child care setting. Regional center services continue for children who remain eligible.	As children in special education go from one service to another or one class to another (e.g., from speech therapy to resource room or learning center or to a special day class), they make transitions. For older children with special needs, transition to high school may be difficult; children and families need much support at this time. Beginning at age 14, each child with a disability must have a transition plan in the IEP.

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Services for Children with Special Needs

The following services are available for children **birth to age 3** who are **eligible** for the California Early Start Program:

- Assistive technology
- Audiology
- Family training and counseling
- Family support/education
- Health and/or nursing services
- Medical services (for diagnostic or evaluation purposes only)
- Occupational therapy
- Physical therapy
- Psychological services
- Respite services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology services
- Transportation
- Vision services

Children **ages 3 and older** who are eligible for special education may receive the following services:

- Assistive technology
- Audiology
- Counseling
- Health services
- Occupational therapy
- Parent counseling and training
- Physical therapy
- Psychological services
- Social work services
- Special instruction
- Speech-language pathology services
- Transition
- Transportation
- Vision services

Children ages 3 and older who qualify for enrollment at the **regional center** may receive the following services:

- Adaptive equipment and supplies
- Advocacy assistance
- Assessment and evaluation
- Behavior training and modification programs
- Child care
- Counseling (individual and family)
- Daily living skills training
- Diagnosis
- Emergency and crisis intervention
- Information and referral services
- Mental health services
- Occupational therapy

Other Resources for Children with Special Needs

- California Child Care Healthline has specialists in the following areas: health and safety, special needs, nutrition, infant and toddler development, and mental health/behavior. Call 800-333-3212.
- California Department of Education has many publications. The brochure *Early Warning Signs* may be used as a reference. It is free of charge and available in Chinese, Spanish, and Vietnamese. Call 800-995-4099.
- California Children's Services (CCS) provides occupational and physical therapy and other medical services for those children who qualify. Call the county health department for the local contact.
- County mental health departments may offer services at local child care programs through expanded funding and/or other sources. Call the local mental health department to determine whether child care programs are offered for children with special needs.
- Education and training are available through community colleges, universities, local regional centers, special education local plan areas (SELPAs), and some resource and referral agencies.
- Families may be eligible for supplemental Social Security income (SSI). Contact the Social Security Administration at 800-772-1213.
- Family resource centers (FRCs) in each county offer parent-to-parent support for families of children birth to age 3 who have a developmental disability or are at risk. To find the local FRC, call 800-515-BABY.
- For information about all parental rights and entitled services in the regional center system, contact the Clients' Rights Advocate at the local regional center.
- Protection and Advocacy, Inc., provides legal and other advice for families of children with special needs. Call 800-776-5746.
- New after-school programs are being developed for school-age children based on new funding. Check the local school district or city recreation department to identify any services for children with special needs.
- Sports and recreation programs for children with special needs are located in each county. Contact Special Olympics or AYSO (American Youth Soccer Organization) in the local telephone directory.

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Including Children with Special Needs

Tips for Child Care Providers

The following suggestions may help include children with disabilities and other special needs in your care. Remember that a child is a child first, and each child is different regardless of whether he or she has a disability or not. Also, take into account the child's personality, the disability, and the child's age and developmental level when considering adaptations.

Developmental Delays

- Give clear directions, speaking slowly and clearly and using only a few words.
- Move the child physically through the task, so he can *feel* what to do.
- Stand or sit close to the child so you can help when needed.
- Help the child organize her world by providing structure and consistency (e.g., label things with pictures and words).
- Avoid changing activities abruptly. Allow time for adjustment.
- Teach in small steps.

Speech and Language

- Be a good listener.
- Give directions simply and in complete sentences.
- Talk about what you or the child is doing while you are doing it.
- Have the child talk about what he is doing, asking specific questions.
- Repeat what the child says and add missing words, or ask the child to repeat what you are saying.
- Build on what the child says by adding new information.

Visual Disabilities

- Give specific directions. Avoid the use of words such as *this, that, over there.*
- Call children by their names. Address them directly, not through someone else.
- Increase or decrease the room light to avoid glare.
- Use simple, clear, uncluttered pictures that are easy to see.
- Avoid standing with your back toward windows: the glare may make you look like a silhouette.
- Encourage hands-on experiences. Touching, holding, and exploring are necessary.
- Ask first if the person needs assistance; do not assume you should help.

Physical/Neurological Disabilities

- Know the child's strengths and needs so that independence is realistically encouraged and supported.
- Assist the child with activities she may not be able to do alone (e.g., kicking a ball).
- Be aware of proper positioning techniques.
- Learn how to use and care for any special equipment.
- Do not be afraid to handle the child—he won't break!
- Help other children understand why "Billy can't walk" and include what Billy *can* do.
- Try to experience the disability yourself so that you can better understand the child's perspective.
- Work closely with other agencies and personnel who provide special services (therapists, psychologists, etc.).

Deaf or Hard of Hearing

- Know the degree of hearing loss and what that means for the child.
- Learn how to use and care for the hearing aid or other special equipment.
- Support the child socially.
- Be sure to have the child's attention before giving instructions.
- Speak in complete sentences at normal speed while facing the child and smile.
- Use visual cues, such as pictures or gestures, as you talk.
- Encourage the child to let you know when she does not understand by using a special signal.
- If the child does not understand at first, rephrase your comment rather than repeat it. Learn sign language.
- Provide opportunities for the child to talk.

Social Behavior and Development of Emotions

- Do not change activities abruptly. Warn the child of any changes in schedule ahead of time.
- Establish routines and provide structure for the child. Use items such as timers, bells, or lights to signal the start or end of an activity.
- Allow the child time to practice new activities away from the group or allow withdrawn children to watch new activities first.
- Seat the child close to you. Give occasional physical and verbal reassurances.
- Let the child bring a familiar object with him when entering new situations or beginning a new activity.
- Help the child make choices by limiting the options.
- Allow the child to have a safe emotional outlet for anger or fear.

Techniques for Managing Behavior

- Respect the child's feelings.
- Manage your own behavior. Model the kind of behavior you want.
- Prevent problems when possible: look at the schedule, structure, and physical space.
- Focus on what the child *can* do and accentuate the positive.
- Follow through with realistic consequences.
- Help the child to verbalize, act, and understand. Clarify statements and feelings.
- Teach the child the "appropriate" behavior.
- Give the child reasonable choices.
- Ignore negative behavior if you can.
- Provide developmentally appropriate activities in a safe, nurturing environment.
- Ensure consistency with the family in handling behavior and consequences.
- Have fun.

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How to Get a Child Tested for Special Education Services

Children with special needs may be eligible for special education and related services. To determine whether a child qualifies for these services, s/he must be tested by the school district. The parent or legal guardian must make the initial referral and sign all the forms.

School districts test children above the age of 3 if the parent or provider has concerns about the child's development.

This information applies to the testing of children from ages 3 through 21 years. School districts provide special education services for children ***ages birth to 3*** who are blind, deaf, deaf-blind, or have a severe orthopedic disability. Some districts provide services for infants/toddlers who are at risk of or who have developmental delays. The parents should contact the regional center located in their county for assistance with testing and services or call 800/515-BABY for local resources.

1. The parent must write a letter of referral to the local school district. The letter should be addressed to the Director of Special Education or to the person the district indicates is responsible for handling referrals. The letter should state what the specific concerns are and include observations of the child care provider as well.

   Parents should indicate in the letter that they want to have their child tested to determine whether the child is eligible for special education services. The parents should date the letter and make a copy for their records. It is also a good idea for the child care provider to have a copy of the referral letter.

2. The school district must contact the parent within 15 calendar days to sign both an assessment plan and a written release of information if the child has been in any program or been under a doctor's care. The parent should sign a release form or letter to allow the free exchange of information between the school and the child care program.

3. The assessment plan is the written consent (permission) to allow the child to be tested. It should indicate what areas of development will be tested and what types of tests will be administered. Once the assessment plan is signed, a legal timeline begins for the school district to test the child.

4. Testing can take many hours, and young children may need to be assessed in phases over a period of days or weeks. Encourage the school district staff to observe the child in all settings, especially in child care and the home.

5. If the child qualifies for special education, the school districts have 50 calendar days to develop an ***individualized education program (IEP)***. Generally, a preschooler must have a 50 percent delay in one developmental area or a 25 percent delay in two developmental areas compared to peers of their chronological age.

   Assessment may include skills in the following developmental areas:

   - *Communication:* how children understand, speak, and use language
   - *Cognitive:* how children think and solve problems
   - *Fine and gross motor:* how children use their muscles, eye-hand coordination, and other large- and small-motor-muscle tasks, including walking, running, jumping, and writing
   - *Social–emotional:* how children interact with adults and other children, including how they feel about themselves, how they make their needs known
   - *Adaptive:* how children take care of themselves, including toileting and dressing

   For example, a 4-year-old child may have the speech and language skills of a 2-year-old or have both the speech and the fine-motor-muscle skills of a 3-year-old. The child's health history is taken into consideration as well.

   Vision and hearing screening may be recommended depending on the child's needs.

6. The IEP team determines what the most appropriate services are to meet the child's needs. It is important for child care providers to participate in these meetings to help coordinate services for the child and to understand the child's strengths and needs.

7. Special education services can be provided in a child care center, family child care home, or in the child's home. The type and frequency of services are determined by the IEP team.

8. Once the parent signs the IEP, services can begin.

9. If the child does not qualify for services, make sure that the district makes recommendations about how the parent and child care provider can help improve the child's skills (e.g., suggested programs, activities, etc.). The child's health insurance or another agency may cover services that could help, such as occupational therapy or counseling.

10. Providers and parents should always request and keep copies of all reports, test results, and any other forms completed.

Good luck! Call us at the Healthline if you have additional questions or comments.

Pamm Shaw, MS, Disabilities Specialist
California Child Care Health Program
1212 Broadway, Suite 904
Oakland, CA 94612-1811
Telephone: (510) 839-1195
FAX: (510) 839-0339
Healthline: 800-333-3212

Parents' Rights Under IDEA

The Individuals with Disabilities Education Act (IDEA, Public Law 101-476) guarantees the rights of parents of a child with a disability to participate in making decisions about the child's education. This legal right extends only to parents of a child with a disability and should be exercised in cooperative partnership with the professionals who support and educate your child.

Basic Rights

1. Free appropriate public education
2. Placement in the least restrictive environment
3. Fair assessment procedures
4. Parent involvement in decisions about education

Protections

1. Individualized education program (IEP) or individualized family service plan (IFSP)
2. Due process procedures

In addition, Part C of IDEA (formerly Part H), for children with disabilities from birth through 36 months and their families, and Part B of IDEA, for children 3 to 21 years old with disabilities, specify the due process rights (often referred to as procedural safeguards) that follow. As a parent or guardian you have the right to:

- Receive a written notice of your rights that is understandable and in your primary language.
- Refer your child for evaluation and assessment, provide information throughout the process, and make decisions about your child's early intervention or special education services.
- Understand and provide written permission or refusal before initial evaluation and assessments begin.
- Participate in the initial evaluation and assessment process.
- Be fully informed of the results of evaluations and assessments.
- Obtain an independent educational assessment if desired (Part B, 3-21 years).
- Receive a completed evaluation/assessment and an IFSP meeting within 45 days after your child is referred to a regional center or local educational agency to determine eligibility and develop an IFSP (Part C, birth–3 years). Participate in the development of an IEP and be informed of availability of free appropriate public education (Part B, 3–21 years).
- Have access to records, including the right to examine and obtain copies of records regarding your child, and request an amendment or omission of records.
- Have an advocate assist you in dealing with the early intervention or special education system.
- Have personally identifiable information maintained in a confidential manner.
- Request a due process hearing to challenge the findings of any evaluation, assessment, placement, or service.
- File a complaint alleging the violation of any law governing early intervention or special education services.

Note: The list previously noted is only a summary of all the procedural safeguards available under federal law. For a complete copy of Part B, Parents' Rights, contact the Procedural Safeguards Referral Service, California Department of Education, at 800-926-0648. For a complete copy of Part C, Parents' Rights, contact the Early Start program at 800-515-BABY.

California Joins Map to Inclusive Child Care Project

California is one of ten states participating in the Map to Inclusive Child Care Project, funded through the federal Child Care Bureau to the University of Connecticut. The California Child Care Health Program, in collaboration with and support from the California Department of Education, Child Development Division, provides staff for the project. The project is committed to improve the delivery of quality child care services to children with disabilities and other special needs and their families in inclusive settings.

The mission of the California Map Project is to create a statewide system of support, training, and resources that allows families and providers free access to inclusive child and youth care services. The goals of the project are as follows:

1. Maintain and improve the infrastructure for inclusive child care to include an ongoing coordinating body (with active representation from key stakeholders) that will promote the mission.
2. Remove barriers to inclusion through changes in legislation, regulations, and policies.
3. Improve the base-level knowledge of all providers through pre- and in-service training.
4. Facilitate access and expand opportunities to obtain inclusive child care that meets the individual needs of children and families.
5. Ensure that timely and accurate information on child care resources is available to families of children with special needs.
6. Develop the capacity of providers to care for children with special needs by improving training and ongoing supports.

A 32-member team with representatives from state agencies, child care

(Continued on page 30)

Choosing Child Care for a Child with Special Needs

Looking for good child care is hard work. Many families are looking for services, but there is only a limited number of child care programs. The search may be even more difficult if your child needs some special attention or services because of a disability. You may have already put in a lot of time searching for other support services for your child and wonder whether you have the stamina for this new task.

Take heart. The passage of the Americans with Disabilities Act (ADA) will make your search a little easier because many more child care programs now have experience serving children with disabilities. The ADA is a civil rights law passed in January 1992 that prohibits family child care homes and child care centers from discriminating against children or parents with special needs. All child care providers must be willing to make reasonable accommodations for your child, and they may not charge you more for your child's care than they would charge any other parent.

Parents or providers who would like more information about the ADA may call BANANAS at (510) 658-1409. The staff at BANANAS provided this information to give encouragement and to help make the search less overwhelming and more successful.

What Are Your Options?

This section gives a brief overview of the types of care that are available for children. Other handouts in this series by BANANAS contain more information on types of child care: "Choosing Family Child Care," "A Closer Look at Family Child Care Homes Licensed for 12 or 14," "Choosing a Child Care Center," "What Is Alternative Child Care?" "Choosing Infant or Toddler Child Care," and "Choosing School-age Child Care." You may wish to order some handouts to review before looking for child care.

I. **Family Child Care**

Programs are operated in a provider's home. A small family child care provider is licensed to care for either six or eight children; a large family child care provider is licensed to care for either 12 or 14 children. Some family child care providers have experience caring for children with disabilities—either other children in care or members of their own families. Other providers are willing to learn. Some are former nurses or teachers.

Family child care programs tend to offer flexible hours, often opening earlier and closing later than do centers. Some providers serve only one age group: infants and toddlers, for example, or school-age children. However, most providers care for a mixed age group of children from infants to school-age children. Because of the small group size and the relative flexibility of some providers, family child care is always an option to consider when searching for special needs care.

II. **Child Care Centers**

These centers are licensed facilities that operate in nonhome settings. A few centers serve only children with special needs. Other centers include children with special needs in their programs. BANANAS staff can give you referrals to either type of center.

Centers generally serve larger groups of children (15 or more) and often have less flexible hours than do family child care homes.

Both centers and family child care homes must be licensed by the California Department of Social Services (DSS). Possession of a license primarily means that the facility has passed a health and safety check; it does not ensure the quality of care. Only parents can ensure quality by careful evaluation. The licensing office accepts calls from parents and is the appropriate channel through which complaints are filed. The telephone number of the local DSS office is (510) 286-7062. BANANAS welcomes information—positive and negative—from parents about concerns. However, BANANAS has no authority to monitor, investigate, or revoke licenses.

III. **In-Home Caregivers/ Baby-sitters**

People come to your home to care for your child. This type of care is more expensive than a family child care or a center. Teenagers typically charge $3 or more per hour while adult rates begin at $6 per hour. The experience and willingness of an in-home caregiver to care for children with special needs vary. Parents should use in-depth interviews, do reference checks, and use the caregiver's services for a trial period to determine whether they will be appropriate for their child.

IV. **Shared In-Home Caregiver Arrangements**

This is a parent-created child care situation in which one caregiver is hired to care for children from two or more families. The care may be provided in one home or rotated among the homes of the participating families. This type of care is more expensive than family child care or center-based care but is less expensive than each family hiring its own

caregiver. Parents may find other parents interested in sharing a sitter by talking to parents who live in the neighborhood or whose children use the same services or see the same physical therapist, doctor, etc. More information on how to set up this type of child care is contained in a booklet on "shares" available from the BANANAS office for $3.

Because parents are the employers of in-home caregivers and are responsible for shared caregiving arrangements, no license is required for either type of care. The entire responsibility for screening, checking references, and selecting a caregiver rests with the parent-employer. One screening technique is to ask the provider whether she or he is in TrustLine. Providers are listed in the TrustLine Registry only if they submit their fingerprints to the California Department of Justice and a check reveals no criminal conviction or substantiated child abuse history. TrustLine has been in operation since April 1994. Some parents are willing to pay the $90 fee in order to have a potential provider screened. Call (800) 822-8490 to find out whether a caregiver is listed in TrustLine.

What Are Your Expectations of Child Care?

Do you expect your child to receive special education services in child care or are you primarily looking for supervision and socialization? Do you want the caregiver to be professionally trained to work with a specific disability, or would you be willing to work with someone who is interested in learning something new? Child care services are not usually school or remedial services. Child care is care that meets your child's developmental needs while you are working, attending school, or just taking some time for yourself. Think about your expectations and share them with the providers you meet while you are searching for care.

What Should You Ask a Provider?

In the beginning, you will have to spend a lot of energy calling, visiting, and talking with child care providers. If you take the time to do this, you will have a better chance of making the right choice for you and your child. You will feel more confident about your choice if you have seen a number of programs. Begin by calling BANANAS and getting a list of programs from the local Child Care Resource and Referral Network that offer the kind of care you need. Visit as many programs as possible.

Choosing child care is really one of the most difficult jobs a parent must do. Parents frequently ask, "How can I be sure?" All parents want good child care for their children, but good child care means something different to each parent. To assist you in your search, BANANAS publishes a short checklist on care for children with special needs. Some items may not be important to you or you may find that your own most important question is missing. Revise the checklist to meet your own family needs and reflect your values.

BANANAS publishes a handout for providers entitled "How Can I Care for a Child With Special Needs?" You may want to request copies from BANANAS and take this handout on visits. Leave a copy of this handout with any provider whom you are seriously considering and who may have questions. The handout states that children with disabilities are more like other children than they are different. It answers some frequently asked questions that providers have about disabilities. It also lists books and organizations that can offer information and support to the child care program. Providers, under the ADA, have a responsibility to provide care for all children regardless of their special needs. Remember to request the other Choosing Child Care handouts mentioned previously. BANANAS provides additional useful information in your search for good care.

Consider the following questions when screening programs:

- What are your first impressions (feelings or thoughts) about the program? Do your first impressions change after a short visit?

PAJARO VALLEY UNIFIED SCHOOL DISTRICT

- What are the provider's attitudes toward disabilities in general and toward your child's disability in particular? Is the provider patronizing, fearful, or overprotective? Or is there appropriate expression of interest and curiosity?
- Is there concern about the provider's role? (When visiting center-based programs, make sure you meet and talk with the staff who will actually be caring for your child.)
- Is the provider warm and friendly or do you sense hesitancy in treating your child as other children are treated? How does the provider interact with your child during the visit?
- Does the provider make "a big deal" over your child's condition? How does the provider make you feel?
- How does the program handle eating, sleeping, toileting routines, and so forth? With reasonable accommodation, can your child be integrated into these established routines?
- Are parents encouraged to become involved in the program? Would you feel comfortable talking to the child care workers about a problem or concern?
- Does the program have other children with disabilities in care? Have they cared for children with special needs in the past? (You may want to request the names and telephone numbers of parent references and call these families for their impressions of the care.)
- Does the provider appear willing to accept advice from "team" professionals and/or support services that work with your child? Do they seem interested in becoming a team member?

What Should You Tell a Provider?

While searching for a provider, you do not need to tell each one your child's whole story. Keep it simple. However, give each provider enough information to plan how to provide appropriate care for your child. For instance, if your child has a seizure disorder, tell each provider:

- The frequency with which your child experiences seizures (i.e., very seldom, once a month, and so on)
- Whether the child regularly receives medication
- What to do if a seizure occurs
- How your child is the same as any other child who attends the program

Supplying the provider with less information or denying the possibility that there might be a seizure would be unfair. Withholding information could be harmful to the child later or cause hard feelings between you and the provider. Similar basic information should be given to each provider about your child's particular disability so you can realistically discuss the type of child care you are seeking.

Making a Decision

First, review the answers to the questions on your checklist and examine your impressions of the programs you have visited. Narrow your list of programs down to three or four. Figure out what things you feel good about with each of those programs and what areas worry you. If you still have questions, call programs back to get the answers you need. Visit a program again if necessary. And remember that choosing child care is much more than simply checking off items on a list. The process must be deeply rooted in your own family's beliefs and issues important to you and your family. Evaluating all this information will help you find the program that will work for your child.

Once you have further narrowed your choice to one or two programs or providers, then give them all the specific information needed to provide good care. Tell them:

- What kinds of activities your child especially enjoys and does well
- How your child lets you know what he wants or needs. Be as specific as possible—talks, cries, gestures, signs, a combination
- How your child gets around—walks, crawls, scoots, and so forth. Tell the provider about any equipment the child uses—wheelchair, walker, crutches, braces, feeding tube
- What kind of help is needed, if any, to feed your child or do any other daily or special activities
- Whether a special diet is needed
- Whether the child is toilet-trained or how toileting is being handled
- How the child relates to children her own age, older children, and younger children
- The types and frequency of medications needed as well as any possible side effects
- Whether your child is on a monitor or respirator or requires any particular treatment (e.g., suctioning)
- Any other special needs the child has
- What kinds of activities are very difficult for your child, and what kind of assistance she or he may need in order to feel successful
- What other agencies or programs are providing services to the child

Use each provider's responses to this information in making your final decision.

Getting Off to a Good Start

You, your child, and the provider need some time to get to know one another. Expect to help the provider become as well acquainted with your child and your child's needs as you are. Information that is obvious to you about your child's daily routine is not known to the provider. Giving the provider written instructions is very helpful. Jot down notes of what you do routinely during the course of a day to support the child. Providers welcome this information. The more information

you share, the more you can begin to trust the provider.

If you and your child have had difficulty adjusting to child care in the past, it may be harder to get through the initial period of adjustment. You may find yourself interpreting small incidents as signs that the setting is not right when, in fact, this is not the case. Everyone needs time to adjust to new situations. Whatever the circumstance, try to enter and maintain the parent-provider relationship with an open, optimistic frame of mind. Check out your own feelings with the provider, incident by incident. Do not allow situations to build to the point of explosion. All relationships take work, and the parent-provider relationship is no exception.

On the other hand, pay attention to your feelings. If you find you are always anxious about the care, you may be having serious doubts about your choice. In addition to your own concerns, you should evaluate how your child feels about the new situation by paying attention to his or her behavior and any statements made about the staff of the program. You may also want to talk about your concerns with members of the BANANAS staff or other professionals who are involved in the care of your child. It is always possible that your first choice of a provider may not work well. Perhaps the chosen provider had an unrealistic picture of the child's need(s). Perhaps your idea of what matters in a child care setting has changed. Or, perhaps, as your child grows and changes, a different setting is needed. These are only some of the possibilities. Do not prolong the inevitable if you have serious doubts about the care.

Once you have made an honest appraisal of the situation, then either accept the setting as the right place or decide to make a change. Make an appointment with the provider to discuss how the arrangement is working. If you believe the care is not appropriate, develop a plan together that allows time for you to look for new care and help the child make a transition to a new program. (The BANANAS handout "Changes, Changes, and New Beginnings" may be helpful to read if you decide to change providers.) BANANAS cares about you and your child. We will always help you look for other referrals to meet your specific needs.

If you feel good about the child care situation after the trial period, then enter into a final contract with the provider. Written contracts are better than oral agreements. The contract should be very specific on items such as rates, payments, when and how the provider expects to be paid, whether you pay for days missed due to your child's illness or the provider's vacation. (See the other BANANAS Choosing Child Care handouts for more information on contracts.) If you and the provider have agreed on any special arrangements for your child, these items should be spelled out in the contract. Clearing up these details before you begin your child care will free you and the provider to communicate about your child. Any future changes in the care should be included in a written amendment to the contract.

Feeling Good About Your Decision

Remember to keep the provider posted about what is generally going on at home or elsewhere in your child's life. Talk to the provider regularly about your child's day in child care, and foster a relationship between your provider and the other people who work with your child. Keep them informed of the progress as well as the problems the child is experiencing. Share any good books, articles, or other resources that would contribute to a better understanding of your child. You are your child's best advocate and the main person who can put all the information together to determine what is and what is not working for your child.

Adjustment to child care varies with each child. Some children are settled within a week; for others, it may take months to become comfortable. Talk with your child (if this is appropriate) about the arrangement and pass on any relevant information to the child care program. If this is the first time your child has been in care, identify your own feelings—sadness, guilt, anxiety, concern about sharing the child's affection, or worry about turning over the caregiving to another adult. Some concerns and feelings of this sort are normal and, in the beginning, you can expect to feel ambivalence. Attempt to come to terms with your feelings and try not to pass on any negative messages to your child. These can only make the adjustment to child care more difficult. Make the best choice you can by choosing a caregiver you trust and providing as much support as you can. These are the key ingredients to having peace of mind as a parent and ensuring a good child care environment for your child.

What If You Encounter Problems During Your Search?

If you feel that you have been unfairly rejected in your search for child care, remember that your child's rights are protected under the terms of the ADA. Call BANANAS for a referral to an advocacy organization that can provide more information on your child's rights under the ADA and recommend a course of action. BANANAS has a long-standing interest in the inclusion of children with special needs in child care, and our staff will support you as you continue to search for the child care that will work best for you and your child.

(A number of other BANANAS handouts have been mentioned throughout this column. Send one stamped, self-addressed envelope for every three handouts you would like to order.)

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Regional Center and Head Start Share a Vision

by Howard Cohen, Kris Ford, Mary Sheen, and Jayne Bush, Valley Mountain Regional Center

Valley Mountain Regional Center (VMRC), the Head Start Child Development Council, Inc., of San Joaquin County, and the Calaveras County Head Start-State Preschool—three agencies with historically close ties—are joining forces to create expanded services for infants, toddlers, and preschoolers in Calaveras and San Joaquin Counties. This collaborative effort is made possible through a grant that Head Start agencies received to offer services to children from birth to three years of age in addition to the preschool programs. The partnership will involve cross training of staff, clarification of case management roles, and shared service coordination with families. As Marci Massei, executive director of the Head Start Child Development Council, Inc., in San Joaquin County stated, "Regional centers and Head Start have a shared vision of services for families and children."

VMRC is one of 21 private, not-for-profit regional centers that contract with the State of California to help families obtain the many services available to infants who are developmentally delayed or at risk of a developmental delay and preschoolers who are developmentally disabled. VMRC serves five central state counties: Amador, Calaveras, San Joaquin, Stanislaus, and Tuolumne. VMRC serves 20 infants and preschool-age children in Calaveras County and 1,065 in San Joaquin County.

Head Start is a private, not-for-profit federally funded child and family development program. Centers are located in communities throughout California and the country. They provide and coordinate comprehensive social, educational, and health services to children of low-income families or disabled infants and preschool-age children and their families. Head Start serves approximately 275 infant and preschool-age children in Calaveras County and 3,065 in San Joaquin County.

"Regional centers and Head Start have a shared vision of services for families and children."

Marci Massei

Ms. Massei believes that services at both the regional center and Head Start centers share many similarities. Both agencies use a case management model and encourage parent decision making through education and supports, advocacy, and locating and referring children and families for needed services and service linkages. Both also acknowledge the importance of coordinating services that will strengthen the integrity of the family unit.

Kris Ford, a VMRC client program coordinator for 18 years, reports that the two agencies have worked collaboratively for over ten years to ensure that children with disabilities and their families benefit from the programs and services offered by Head Start. She serves on the Calaveras Head Start-State Preschool Health Advisory Board, participates in Head Start program reviews, and regularly interfaces with Head Start teachers and administrators.

Because of the new Early Head Start grant and the full-day full-year component offered by Head Start in Calaveras County, Ms. Ford believes that opportunities to broaden the working relationship of Head Start with VMRC will be greatly expanded. She also believes program options will be increased for the children and families that the agencies jointly serve.

Jayne Bush, Early Start program manager at VMRC, believes that the relationship of VMRC with Head Start in San Joaquin County may not yet be as strong as it is in Calaveras County. However, both agencies are committed to work together to develop new opportunities and enhance existing ones for young children with disabilities to be included with their typically developing peers in community programs and services. The number of children with disabilities in Head Start is anticipated to increase over the next year because of the population targeted to be served by Early Head Start.

An example of the collaboration between Head Start and VMRC is seen at the administrative level. Ms. Bush has participated in Head Start program reviews and last summer was asked to sit on the Board of Directors of the Head Start Child Development Council, Inc. In that capacity she has also participated in interviews for potential management staff.

Program options will be increased for the children and families that the agencies jointly serve.

Head Start and VMRC will collaborate more closely to work on transitions so families can move more comfortably from one service system to another. Finally, VMRC will participate as one of the community partners in the development of the Early Head Start programs in San Joaquin County.

Back to Sleep

The Back to Sleep program provides free of charge a variety of materials about sudden infant death syndrome (SIDS). Brochures, videos, posters, and other related items are available in English and Spanish. Call 800-505-CRIB for more information.

Inclusive Child Care Project

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provider organizations and programs, families of children with special needs, training and technical assistance groups, and other interested individuals have developed a strategic plan and will implement a statewide initiative. Toolkits with press releases, resources, and information will be available in spring 1999. Look for a Map presentation near you. Call Pamm Shaw for additional information at 510-839-1243.

Hilton/Early Head Start Training Program Set to Serve Young Children with Disabilities

by Judy Higuchi Lindbeck
Co-Director, Region IX QIC-DS
California Institute on Human Services,
Sonoma State University

The Conrad N. Hilton Foundation and the U.S. Department of Health and Human Services, Administration on Children and Families, Head Start Bureau forged a unique public-private partnership resulting in the Hilton/Early Head Start Training Program. It is designed to help Early Head Start (EHS) and Migrant Head Start (MHS) staff, family members, and early intervention community partners develop skills through expanded training opportunities that build on the Head Start training and technical assistance system. The California Institute on Human Services at Sonoma State University has been selected to manage the Hilton/Early Head Start Training Program. The five-year program has a projected budget of $15.9 million, with $11.2 million from the Hilton Foundation and $4.7 million contributed by the Head Start Bureau.

Since its inception, Head Start has recognized the need to provide comprehensive health, developmental, educational, and social services for young children and their families living in poverty. Head Start also has a long history of commitment to helping children with disabilities and to providing training and technical assistance resources that support quality services. EHS, begun in 1995–96, expands these Head Start services to include infants, toddlers, and pregnant women. MHS has always served infants and toddlers.

The goal of the Hilton/Early Head Start Training Program is to expand the ability of both EHS and MHS programs to provide appropriate services to infants and toddlers with disabilities and their families. There are four major components of the Hilton/Early Head Start Training Program: SpecialQuests, ongoing follow-up and support, resource materials, and continuous improvement.

The SpecialQuests are in-depth, interactive learning experiences for EHS and MHS program teams composed of families, staff, administrators, and early intervention community partners. Each SpecialQuest session lasts five days and is held in five locations nationally over five years. Each EHS and MHS grantee team from Waves 1-4, EHS programs that were funded between 1995 and spring 1998, will have the opportunity to participate in four sequential SpecialQuests so that members can develop skills over the four years. In addition, a learning coach will work with each team at the SpecialQuests and provide on-site follow-up.

Since its inception, Head Start has recognized the need to provide comprehensive health, developmental, educational, and social services for young children and their families living in poverty.

Ongoing follow-up and support are provided in various ways. Six Hilton/Early Head Start Training Program coordinators are located across the country and serve as links to the Hilton/Early Head Start Training, the training/technical assistance network, and the EHS and MHS programs. Through on-site follow-up visits, the learning coaches support the grantee teams in developing skills identified at the SpecialQuests. Resources to help grantee teams share the training are provided in addition to networking opportunities through Internet communications, Web-based technology, and other distance learning strategies.

The Hilton/Early Head Start Training Program will also adapt and develop culturally and linguistically appropriate resource materials to enhance ongoing staff and family education. These resources, including research findings, will be provided in a user-friendly way.

The SpecialQuests and follow-up contain a strong continuous improvement component. Assessment and reflection are incorporated in the teaching/learning process; teams not only participate in but also develop their own continuous improvement activities. These activities have been ongoing since the program began, resulting in the modification of all program activities.

The Hilton/Early Head Start Training Program began in September 1997 and trained 142 EHS/MHS teams during the first five SpecialQuests between July and October 1998. These teams represent 90 percent of all Waves 1 and 2 EHS and MHS programs and include over 650 individuals. (Waves 3 and 4 EHS programs will begin their four-year SpecialQuest trainings this year.) An additional 45 staff members from the Head Start Bureau central office, regional offices, Quality Improvement Centers for Disabilities Services, and Quality Improvement Centers participated in the 1998 SpecialQuests. The SpecialQuest curriculum focused on (1) working with infants and toddlers with significant disabilities and their families; (2) building and nurturing relationships with families; and (3) building and maintaining relationships with early intervention partners.

In addition to the resources used by the participants at the SpecialQuests, a 10-minute videotape presenting the vision of the Hilton/EHS Training Program was developed and shown at each SpecialQuest. The next phase of the videotape production has begun, and the videotape will become part of the "share-the-training" materials that teams can use to share what they learned at SpecialQuests in their communities. Other resources are also being planned.

More information on the Hilton/Early Head Start Training Program may be obtained as follows:

Telephone: (707) 664-2707
FAX: (707) 664-4460
E-mail: hilton.ehs@sonoma.edu
Internet: http://www.sonoma.edu/cihs/Hilton_EHS/

Head Start Performance Standards Released

by Linda Brekken, Ph.D.
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The revised *Head Start Program Performance Standards and Other Regulations* were published in the *Federal Register* on November 5, 1996. These standards reflect the hard work of Head Start federal and grantee staffs and many early childhood experts and consultants committed to achieving quality Head Start programs throughout the country. The revised performance standards went into effect a year ago on January 1, 1998, and guidance on implementing the standards was released in summer 1998.

The introduction to the *Head Start Program Performance Standards and Other Regulations* states:

> The Head Start Program Performance Standards are designed to ensure that the Head Start goals and objectives are implemented successfully, that the Head Start philosophy continues to thrive, and that all grantee and delegate agencies maintain the highest possible quality in the provision of Head Start services. . . . [The standards] are the mandatory regulations that grantees and delegate agencies must implement in order to operate a Head Start program. The standards define the objectives and features of a quality Head Start program in concrete terms; they articulate a vision of service delivery to young children and families; and they provide a regulatory structure for the monitoring and enforcement of quality standards.

The revised standards include the following central provisions:

- Standards for infants and toddlers have been established and consolidated, resulting in a single set of standards for Head Start programs serving children from birth to age five.
- The standards have been reorganized into three major new areas: Early Child Development and Health Services, Family and Community Partnerships, and Program Design and Management. The reorganization improves the integration of program requirements.
- The Early Childhood Development and Health Services section has been revised to emphasize the importance of linking each child and family to a medical "home" (i.e., ongoing source of continuous, accessible medical care) and ensure that the child receives up-to-date appropriate preventive and primary health care.
- The revised standards strengthen Head Start linkages with families and other community agencies in two new sections in the Family and Community Partnerships area.
- The Program Design and Management section has been established to improve overall program management and accountability at the local level.

It is critical that Head Start policy councils and policy committees, staff, parents, governing bodies, and community partners understand the scope of the standards and how to implement them locally. Therefore, the Head Start Bureau developed training materials on the standards at the regional and state level for the Head Start community. One training tool, *Revisit and Renew: Supporting Implementation of the Revised Head Start Program Performance Standards*, was provided to all Head Start programs and is available through the Head Start Publications Management Center. *Revisit and Renew* provides discussion suggestions and sample training activities on overarching themes in the standards and in subparts B, C, and D of the performance standards.

There are no substantive changes to the *Head Start Program Performance Standards on Services for Children with Disabilities* (45 CFR 1308), which apply to children ages 3 to 5 years old. Community partnerships with child care, special education, and health services and other important providers are emphasized to ensure that children with disabilities enrolled in Head Start receive coordinated services. One unique feature of services to infants and toddlers in Early Head Start is that services to infants and toddlers with disabilities are tied closely to Part C of the early intervention system. An infant or toddler is identified as having a disability under the state's early intervention eligibility criteria and must have an IFSP (individualized family service plan).

Copies of the *Head Start Program Performance Standards* may be obtained from the Head Start Publications Management Center, P.O. Box 26417, Alexandria, VA 22313-0417; through e-mail at hspmc6@idt.net; or by FAX at (703) 683-5769.

Head Start and CDE Sign Interagency Agreement

by Linda Brekken, Ph.D.
Principal Investigator, Region IX QIC-DS
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Sonoma State University

A final agreement between the California Department of Education, Special Education Division; the U.S. Department of Health and Human Services, Administration for Children and Families Head Start Bureau (Regions IX and XII); and the sovereign Native American nations administering Head Start programs in California was signed in October 1996.

The purpose of this interagency agreement is to establish collaboration between local educational agencies (LEAs) and Head Start programs in providing services to young children (birth to age 5 years) with disabilities and their families enrolled in Head Start programs and LEAs in California. This agreement was developed by a committed group representing both Head Start and special education at the state and local levels. Extensive comments and opinions were solicited and incorporated from these representative groups to ensure that the agreement addresses field needs and has a wide base of support. The resulting docu-

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QIC-DS Provides Head Start Training

by Judy Higuchi Lindbeck
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The Region IX Quality Improvement Center for Disabilities Services at the California Institute on Human Services, Sonoma State University, is part of the Head Start Bureau's nationwide training and technical assistance system for Head Start and Early Head Start programs. This system comprises regionally based Quality Improvement Centers (QICs) and Disabilities Services Quality Improvement Centers (DSQICs), which were formerly known as the Technical Assistance Support Centers and Resource Access Projects. Development Associates was named as the Quality Improvement Center for Region IX, which includes Arizona, California, Hawaii, Nevada, and the outer Pacific. Both Development Associates and the California Institute on Human Services were the most recent contractors for the Region IX Technical Assistance Support Center and Resource Access Project.

Although both the QICs and DSQICs provide training and technical assistance to the Head Start grantees in their regions, the DSQICs primarily focus on disabilities services. Thus the mission of the QIC-DS is to support Head Start/Early Head Start programs throughout Region IX in providing quality services to young children (birth to 5 years) with disabilities and their families. Through collaborative training and technical assistance activities, the QIC-DS provides culturally competent services that strengthen Head Start grantees' abilities to include young children with disabilities and their families in all aspects of their programs.

Nationally, the 16 QICs and 12 DSQICs are five-year cooperative agreements (rather than contracts) with the Head Start Bureau and Administration for Children and Families (ACF). Under these cooperative agreements, there is increased collaboration among the Head Start Bureau and ACF, regional offices, local Head Start and Early Head Start grantees, the QICs and DSQICs, Head Start collaboration projects assistance providers, and community institutions and agencies. The cooperative agreements also allow for greater flexibility in responding to the training and technical assistance needs of the grantees and their local partners. The QICs and DSQICs work with the Head Start/Early Head Start programs to maintain a continuous learning environment for their staff, develop program capacity, and foster partnerships with all stakeholders.

The QIC and DSQIC staffs also work closely with the ACF regional office program specialists to implement the following steps in the training and technical assistance process: needs assessment, planning, implementation, and evaluation. Development Associates, the Region IX QIC, is located in Walnut Creek and may be contacted by calling (800) 666-9711 or (925) 935-9711. The Region IX regional office is in the Federal Building in San Francisco; to contact the Children and Youth Development Unit that includes the Head Start program specialists, call (415) 437-8481.

The California Institute on Human Services maintains offices in northern and southern California. The northern office is at Sonoma State University in Rohnert Park, and the southern one is in the Ventura County Office of Education in Camarillo. The Region IX staff consists of Judy Higuchi Lindbeck, Co-Director; Delia Cerpa, Suki Graves, and Naomi Martinson, Project Specialists; and Karen Clyde and Nancy Nicholson, Project Assistants. The southern office staff consists of Mary Ann Walker, Co-Director; Senta Amos-Greene and Deborah Conn, Project Specialists; and Lynette Long, Project Assistant. Information about the Region IX QIC-DS and its services may be obtained by calling either office.

Northern Office
Telephone: (800) 625-7648
or (707) 664-4230
FAX: (800) 987-8715 or (707) 664-2418

Southern Office
Telephone: (800) 625-7649 or
(805) 383-9300
FAX: (805) 383-9304
E-mail: cihs.qic9@sonoma.edu
Internet: http://www.sonoma.edu/cihs/hsds/

Heads Up! Network Makes Debut

The Heads Up! Network premiered on September 24, 1998. Presented by the National Head Start Association (NHSA), the Heads Up! Network is a satellite television network exclusively dedicated to the training needs of the Head Start and early childhood community. EchoStar Communications Corporation, a recognized leader in the direct broadcast satellite business, will deliver Heads Up! directly to thousands of Head Start programs and early childhood centers.

NHSA understands the limitations of local child care training programs and the way training dollars are allocated. Although annual conferences are invaluable tools for peer networking and training, local programs cannot send the desired number of staff members because of the costs for travel and accommodations.

The Heads Up! Network provides cost-effective training and professional development to Head Start and child care centers across America. The goal of the Heads Up! Network is to improve the quality of child care programs and provide training for teachers. Achieving this goal will increase the number of children, regardless of economic status, who enter school healthy and ready to learn.

Heads Up! programming focuses on Head Start program standards and news and addresses many issues relevant to the early childhood community. For example, training courses cover effective program management, health, special needs, and infant-toddler development. Teachers and education coordinators can learn how to guide children's behavior, strengthen provider-parent

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Results of the Special Needs Pilot Project

by Donita Stromgren and Linda Schwartz

Sarah's mom is looking for a way for her 3-year-old, who uses a wheelchair, to meet other children her own age. Brandon's parents work and need day care both before and after school. Because Kara, a six-month-old, has special food allergy needs, her parents are looking for a care provider who can accommodate her.

What do these families have in common? They all seek a group arrangement to provide child care and enrichment for their children. What is special about their circumstances? Each child needs an accommodation if the care arrangement is to succeed.

Sarah needs a day care facility that has easy ramp access and wide doors to accommodate her wheelchair. After an intense day in school, Brandon (on medication for attention deficit hyperactivity disorder) needs structured guidance while learning to participate in a less-structured group activity. Kara has special formula requirements.

The Americans with Disabilities Act (ADA), which passed in 1992, provides people with disabilities access to all community services—including child care. Frequently, parents of children with special needs seek child care but cannot find care that accommodates their children's special needs.

Barriers to Finding Child Care

There are several barriers to increasing the availability of child care services. One is the fear of child care providers who need to feel confident that they have the skills and abilities to provide necessary accommodations. Providers are concerned that in accommodating the needs of a few children, they will compromise the care of typical children or give parents of the other children the perception that they are doing so. Providers are also concerned that once they accommodate one child with special needs, they will become identified with special needs and receive more referrals than they can reasonably handle.

To increase confidence in provider skills, the Special Needs Project found that *all* training needed to include references to applying the topic to children with special needs. Otherwise, providers tended to avoid attending training noted specifically as a "special needs" topic.

Fears about specialized care leading to compromised care were best reduced by helping the provider realize that *all* children are more alike than different. Then it was necessary to help providers *communicate* that fact to other parents whose children attended the day care. In the majority of cases, this particular concern proved to be overestimated by the providers and easily remedied.

As for the providers' concern about receiving too many special needs referrals, it has not been our experience that once a provider successfully met the needs of one child, there was an increase in requests for such services directed to that provider.

The Yolo County Special Needs Pilot Project was designed to respond to the need for more child care options for children needing special accommodations. At the same time, it was also designed to help child care providers of such services feel competent. The Special Needs Pilot Project was intended to bring the "training" to the caregiver. A description of the project follows.

- Parents or providers self-refer, but participation must be agreed to by both to ensure a collaborative effort.
- Upon receiving a referral, the consultant contacts both the parent and the provider to orient them to the program and to clarify the issues leading to the referral. The consultant sets up an initial appointment to observe the child in the day care setting.
- Site appointments typically entail 30–40 minutes of direct observation of the child and an additional 10–20 minutes spent with direct service staff. The consultant remains unobtrusive but interacts with all the children as the situation warrants. Follow-up observations occur at different times in the daily schedule to see the child over a range of conditions and activities.
- After each observation, the consultant communicates with the parent and informs him or her of the date and time of the next appointment.

Fears about specialized care leading to compromised care were best reduced by helping the provider realize that all *children are more alike than different.*

- Following the second or third observation, the consultant sets an appointment to meet together with the parent and the teacher. At that meeting, the consultant reviews the findings of the observations. All parties develop a plan or agreement that addresses the issues precipitating the referral. Each participant identifies the portion of the agreement for which s/he will be responsible. Participants establish a date and time to meet again to review progress on the plan. Agreements rarely include more than two or three goals for a three- or four-week period to avoid placing a burden on anyone involved. The consultant's observations continue while the plan is being implemented.
- This process continues until the referral issues are satisfactorily resolved. At the close of a case, a final report is provided for both the parent and the day care provider complete with any follow-up recommendations. Both provider and parent are welcome to contact the consultant by phone for occasional "spot checks." If the situation changes and a new referral is warranted, the case is reopened.

With a program and procedures in place, we anticipated a deluge of

referrals from parents and providers who were waiting and desperate for help. We expected that some referrals would require ongoing contact with minimal levels of consultation as the child with special needs progressed through the day care curriculum. We thought there would be a need to adapt curriculum and/or modify the physical plant of the day care site.

Findings

What we discovered was very different. We received a tiny trickle of referrals that slowly increased only after repeated outreach to families of children with special needs and day care providers themselves. The referrals were brought on almost exclusively by behavior issues and targeted children not yet formally identified as having "special needs." Most cases required only one action plan and four to five observation periods. Frequently, children were referred to county education programs or the regional center system for further evaluation of possible developmental or learning disorders. (These referrals for testing, in most cases, *did not* result in the child leaving the original day care placement. Instead, the child's schedule simply changed to include time spent partly in the original day care and partly in a therapeutic or specialized setting.)

We learned from the project that we had underestimated the level of mistrust in parents of children with special needs. Many had heard of or had had poor (and in some cases emotionally painful) experiences when attempting to secure day care for their child and were not willing to try again. As for providers, we underestimated their fears of enrolling a child with significant differences. Their concerns focused on the potential for an adverse impact on their success with other children and other parents in the day care setting. With consultation, the providers learned that they could continue to provide quality programs for *all* children enrolled in their center or cared for in their home.

In all likelihood, the primary impetus for referrals for this type of program is behavior issues. Typically, families have adjusted to and developed a way to cope, albeit sometimes marginally, with their children's difficult behaviors *in the home*. When faced with the need to comply with routines in even the most sensitive and flexible day care arrangements, however, some children misbehaved and became unmanageable for both parent and staff. The reality is that the primary task of the consultant often is to help *both* the parent and provider work together. The consultant helped the parents and the providers to shift their thinking to the possibility that the difficult behaviors arose from a long-term developmental condition. Referrals to appropriate community agencies supported the family and the day care provider as they moved through this unfamiliar territory.

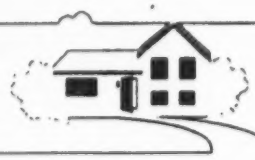
Summary

In summary, the lesson learned once again was that all children need the same things from a child care setting: a healthy and safe environment and child care providers who are nurturing and respectful of individual differences. A comprehensive, flexible program, such as the Special Needs Pilot Project, accomplishes just that.

Funding for this project came initially from an anonymous donor fund and from the California Department of Education Quality Child Care Consortium funds. Consortium funds are designated at the county level by the local Child Care Consortium. The project is administered by the City of Davis as a component of the California Child Care Resource and Referral Network program and implemented throughout Yolo County. For additional information, contact Donita Stromgren, City of Davis, Child Care Services, at (530) 757-5691.

The Lekotek Family Resource Center, a consultant to the project, is a nonprofit organization providing a variety of family-centered services for children with special needs and children at risk of abuse/neglect in Sacramento, Yolo, Placer, and El Dorado Counties. For additional information, contact Linda Schwartz at (916) 979-1121.

Daycare for Robert



(Continued from page 3)

Furthermore, the other children in his daycare have accepted Robert as one of the gang. When I bring him over, many of them simply say, "Robert's here . . . Hi Robert!" This acceptance brings tears to my eyes. It means so much to me to know that my son has *friends*. They know he is different and ask the provider many questions, but they talk to him and play with him like he is one of them. I believe that Robert is learning from the other children and the other children are learning at a very early, tender age to accept others for who they are despite their disabilities.

I guess if there is any message I want to get across, it is that we all must communicate with one another: parent to parent, parent to provider, and provider to provider. If you as a parent know of daycare providers willing to care for our kids, let your family resource center know about it. Urge the providers you have to call the family resource center and make known their availability. Networking and communication help get the word out. Remember: the key to successfully integrating our children into typical daycare programs is teamwork and open communication between parents and daycare providers. Urge your potential providers to meet with you face-to-face. Let them ask questions and raise concerns. Fear of the unknown can be the biggest deterrent, and you can alleviate those fears through communication and understanding. Good luck!

Local R&R Agencies Administer Health and Safety Training Funds

The California Department of Education, Child Development Division, has allocated quality improvement funds to support the implementation of AB 243 and SB 1524, which require health and safety training for early childhood professionals. This training includes pediatric first aid, pediatric cardiopulmonary resuscitation (CPR), disease and injury prevention, nutrition, child abuse identification and prevention, information on caring for children with special health care needs, care of the mildly ill child, and disaster preparedness. Training in injury and disease prevention would be required to be taken once, while training in pediatric first aid and CPR would need to be taken repeatedly to be current at all times.

The resource and referral (R&R) agency in each county administers the health and safety training funds. Each R&R agency will coordinate training efforts in its local area. AB 243 and SB 1524 require these funds to be used to provide training or reimbursement to help licensed center-based staff, licensed family child care providers, license-exempt child care providers, and in-home providers complete prescribed training in first aid, CPR, and disease prevention. The health and safety training legislation contains the following requirements:

- At least one director or teacher at each child care facility and each licensee of a family child care home shall have 15 contact hours of training in preventive health curriculum.
- The training shall include information on pediatric CPR; pediatric first aid; recognition, management, and prevention of infectious disease, including immunizations, and prevention of childhood injury.
- The training may include sanitary food handling; child nutrition; child abuse identification and prevention; caring for children with special needs; care of the mildly ill child; and emergency preparedness and evacuation.
- The pediatric CPR and pediatric first aid training must be taken from an approved Emergency Medical Services Authority (EMSA) training institution or trainer. Courses offered by an accredited college or university also satisfy the training requirements.

Each eligible participant may receive up to $65/year toward payment for completed classes or course work. A co-pay of $5 is required from each participant for each training segment. In no case can a grant for training exceed the actual cost incurred. For more information about this program, contact Sharon Hawley, the contract monitor for this program, at 916-323-4089.

Sign Interagency Agreement

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ment is a wonderful example of a partnership promoting high-quality services to young children with disabilities in Head Start settings.

This agreement is designed to describe the specific roles and responsibilities of the state education agency, LEAs, Head Start grantees, and the Administration for Children and Families in California. It is intended to promote collaborative service delivery between the two systems as well as ensure compliance with relevant federal and state laws and regulations. Additionally, Appendix F of the agreement contains a side-by-side comparison of the *Head Start Program Performance Standards* (45 CFR 1308) and California *Education Code* Part 30. This comparison is invaluable for Head Start programs and their LEAs to use as a guide when they are developing their local agreements.

The California Department of Education, Special Education Division, Early Education Unit, distributed copies of the agreement to all Head Start program directors, special education local plan area (SELPA) directors, and county office of special education program directors in spring 1997. Copies are still available and may be obtained by calling the Early Education Unit at (916) 445-4623.

Assistance in developing or implementing local agreements may be obtained by contacting one of the following resources:

Special Education Division, Early Education Unit (916) 455-4623

Region IX Quality Improvement Center for Disabilities Services (707) 664-4230

Migrant Disabilities Services Quality Improvement Center (Head Start training and technical assistance for Migrant Head Start programs) (888) 271-4591

Three Feathers Associates Disabilities Services Quality Improvement Center (Head Start training and technical assistance for American Indian Head Start programs) (405) 360-2919

New Resource from NAEYC

When Teachers Reflect: Journeys Toward Effective Inclusive Practice

Edited by Elizabeth A. Tertell, Susan M. Klein, and Janet L. Jewett

Teachers' candid stories of their journeys toward inclusive, developmentally appropriate practice engage readers and stimulate them to reflect on their own teaching. Stories focus on guidance, play, individualizing, collaboration, inclusion, emergent curriculum, and working with families.

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Toll-free: 800-424-2460
FAX: 202-328-1846

Tools for Developing a Violence-free Environment for Children

by Carolyn Ortiz, Director
Attorney General's Crime and Violence Prevention Center

According to a recent statistic from the Office of Juvenile Justice and Delinquency Prevention, the number of children identified as abused or neglected almost doubled between 1986 and 1993. As part of an ongoing effort to help protect California's children, the Crime and Violence Prevention Center has developed some innovative child protection tools to help keep children safe.

Informative Videos

The California Office of the Attorney General, in association with the California Departments of Social Services and Health Services, has created two products designed to help victims of domestic violence. *We're Gonna Be OK!* is the title of an energetic music video and activity book designed for children, ages 4–8, who witness or are victims of domestic violence. The exciting and unique materials provide abused children with a message of caring and reassurance during a dark and confusing period in their young lives. *A New Life . . . Escaping Domestic Violence* is a video featuring poignant stories of hope and recovery from women and their children who have escaped the terror of domestic violence. These dynamic women offer an intimate look at the courage and action needed to escape and remove children from a violent environment. The *Domestic Violence Handbook* also provides victims and survivors of domestic violence with vital information on their rights and available resources.

Violence Prevention with Teens

Preventing crime and violence must begin early in a child's life and continue into the teenage years. In October 1997, Attorney General Dan Lungren appointed ten youth/adult teams, active in addressing violence in their own communities, to this office's first-ever Youth Council on Violence Prevention. The Attorney General gave the council the mission of creating recommendations to help curtail California's culture of violence and, at the same time, provide youths the chance to promote solutions on an issue that they may encounter daily—violence. The council successfully completed this mission, coming up with 16 recommendations, which are called 16 "power plays" for preventing youth violence. The council presented the recommendations to Attorney General Lungren in December 1998 in the form of an innovative youth-focused final report titled *J.U.M.P.* (Join Us Make Peace) and in an exciting, interactive CD-ROM called *J.U.M.P. City*.

County Teams Protecting Children

Another child protection tool used across the state is the child death review team. The teams originated in Los Angeles in 1978 and have been established all over the country since then. Child death review teams consist of persons from a variety of agencies who specialize in different disciplines to study child abuse fatalities. In addition to the 58 teams throughout California, a state Child Death Review Council meets four times a year. This council, coordinated and convened by the Office of the California Attorney General, provides outreach to the county teams and technical assistance and training when needed. It is hoped that the information learned from the study of these tragic deaths will prevent future child abuse deaths.

Identifying Sex Offenders

Businesses and community organizations can also help protect California's children by screening potential employees and volunteers whose jobs may involve working with children. Screening may be accomplished by viewing the Megan's Law CD-ROM or by using the Sex Offender Identification Line. Signed in September 1996 by Governor Pete Wilson, Megan's Law was implemented to increase public safety by notifying the community of registered sex offenders. Members of the public may visit their sheriff's office and many police departments to view the Department of Justice's CD-ROM that lists more than 64,000 registered sex offenders in California. Updated four times annually, the CD-ROM may be searched by name, physical description, county, or zip code. If an employer or volunteer organization cannot access the Megan's Law CD-ROM for some reason, the Sex Offender Identification Line may be used. This 900 telephone number allows the public to inquire whether an individual is a registered child molester. For $10 the public can inquire about two individuals per call by dialing 900-463-0400.

An Entire "Toolbox" for Community Use

Because violence is a complex challenge that requires strategic and comprehensive solutions, Attorney General Lungren has released a Violence Prevention Toolbox. The toolbox contains useful videos and other resources to help organize, coordinate, and expand community efforts to enhance safety and reverse the pervasive culture of violence. A limited number of these toolboxes are available.

Protecting California's children from crime and violence is a job for everyone—from the individual parent to the community organization. The resources and ideas presented in the toolbox offer simple ways for everyone to help raise children into caring, responsible adults. Combating violence against children is everyone's job and should not be left to others.

To order a video or for more information on these products, contact the Crime and Violence Prevention Center at 916-324-7863. Toolboxes may also be purchased for $24.95 through Cal Image Associates by calling 800-982-1420.

SB 1633 Allows Nebulizer Care in Child Care Settings

The California Legislature signed SB 1633 into law on September 21, 1998. This bill immediately allows child care providers to administer inhaled medications through a "nebulizer" to children in their care. Children with respiratory conditions, such as asthma, require the use of this device to inhale their medicine. To comply with community care licensing requirements, child care providers must meet certain conditions and collect particular information. As with any medication, providers must obtain written permission from the child's parent or guardian to both administer these inhaled medications and to obtain information from the child's medical provider. Parents must train child care providers on the use of the nebulizer and sign a verification form stating they have done so. Parents and providers should ask the medical provider for equipment and tips on administering the medication in a way suited to the developmental needs of the child. Many different types of nebulizers, masks, peak flow meters, and inhalers are available. In the future, nebulizer training will be included in the child care first aid classes required for licensing.

Providers will also need to obtain written instructions from the child's medical provider on the child's particular needs and update these instructions at least once a year. Providers may call their local licensing office to request copies of the new forms or to determine whether their existing medication forms are acceptable. The California Child Care Health Program's Healthline (800-333-3212) is also available for center administrators and family home providers who have questions about caring for children with asthma.

This legislation helps ensure that children with asthma receive the medications they need to control their condition and that providers receive the training they need to administer the medications safely. It is important to caregivers and parents that a child's asthma be manageable and that health care providers can work with them to ensure that happens. Children and adults with asthma deserve the right to receive quality health care that allows them to live full and productive lives.

Heads Up! Network

(Continued from page 33)

relationships, create active learning environments, and more.

The Heads Up! Network provides cost-effective training. For a minimal cost of $50 per month plus installation, child care providers can provide interactive training and programs to any number of staff and parents. The Heads Up! Network can:

- Create opportunities for shared learning experiences.
- Connect programs with NHSA and Head Start Bureau staff on a regular basis.
- Provide the latest news and information pertinent to the quality and growth of programs.
- Provide firsthand knowledge on outside events affecting programs and their constituents.

In addition, viewers can earn CEU credits as they participate in live Heads Up! programs and courses.

To subscribe to the Heads Up! Network, call 800-215-3427 or contact Shawna Pinckney at 703-739-0875 for more information.

This article is reprinted with permission from the NHSA.

CDE Resources

The California Department of Education has several resources to help child care programs and schools include children with disabilities. To obtain a copy of the 1999 CDE catalog, call 800-995-4099 or visit the CDE Web site <http://www.cde.ca.gov/publications/Pub.html>.

Children Act Fast . . . So Do Poisons

National Poison Prevention Week is in March. Help promote awareness of this serious health problem affecting young children by displaying the enclosed poster at your child care site.

Every day the California Poison Control System receives about 900 calls, and over half of them concern children under 6 years of age. The system provides immediate information and treatment advice by telephone to the public and to health professionals regarding the toxicity of drugs, poisons, and environmental chemicals. Health professionals and specially trained personnel staff the system 24 hours a day, seven days a week. Services are available toll-free from anywhere in California. To obtain information on poisoning exposures, call 800-876-4766.

To obtain telephone stickers and a poison prevention brochure, send a self-addressed stamped envelope to the California Poison Control System, UCSF, Box 1262, San Francisco, CA 94143-1262. For larger quantities of stickers and brochures or for other health education materials and/or consultation, call 800-582-3387.

Web Resources

Web sites regarding child care and services to children with special needs and their families are listed below. Because of the ever-changing nature of the Internet, some web sites may no longer be available.

Children with Special Needs and Their Families

The Beach Center on Families and Disabilities
<http://www.lsi.ukans.edu/beach>

Early Intervention
<http://www.waisman.wisc.edu/earlyint/EILinks.html>

The Family Education Network (Exceptional Parent)
<http://families.com>

The Family Empowerment Pages
<http://www.downsyndrome.com>

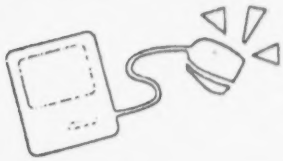
National Parent Information Network
<http://npin.org/>

The Pacer Center
<http://www.pacer.org>

Parent Soup
<http://parentsoup.com/>

Parents Helping Parents
<http://www.php.com>

Positive Parenting
<http://www.positiveparenting.com>



Organizations

The Council for Exceptional Children
<http://www.cec.sped.org/>

DEC - The Division for Early Childhood
<http://www.dec-sped.org>

National Association for the Education of Young Children
<http://www.naeyc.org>

Educational Resources Information Center (ERIC)

ERIC Digests
<http://www.ed.gov/databases/ERIC_Digests/index>

General Disabilities

National Information Center for Children and Youth with Disabilities (NICHCY)
<http://www.nichcy.org>

Special Education

The ARC
<http://www.TheArc.org>

Center for the Study of Autism
<http://www.autism.org/contents.html#subgroup>

Down Syndrome
<http://www.nas.com/downsyn/>

FRAXA Research Foundation
<http://www.FRAXA.org>

Special Education Resources on the Internet (SERI)
<http://www.hood.edu/seri/>

United Cerebral Palsy
<http://www.ucpa.org>

Government

California Department of Education
<http://www.cde.ca.gov>

Head Start Bureau
<http://www.acf.dhhs.gov/programs/hsb/>

U.S. Department of Education
<http://www.ed.gov>

Assistive Technology

The Alliance for Technology Access
<http://www.ataccess.org/>

Closing the Gap
<http://www.closingthegap.com/>

Training Resources

Chapel Hill Training Outreach
<http://www.chtop.com>

Early Childhood Training Options
<http://www.trainingoptions.com>

Federal Resource Center for Special Education
<http://www.dssc.org/frc>

The National Center to Improve Practice
<http://www.edc.org/FSC/NCIP>

National Early Childhood Technical Assistance System (NECTAS)
<http://www.nectas.unc.edu/

The Portage Project
<http://www.portageproject.org>

Thanks to Nancy Ettaro of the HOPE Infant Family Support Program, who compiled the list noted above.

Electronic Connections for Child Care Information

The web sites listed below are general clearinghouses and individual organizations that provide relevant information for Administration for Children and Families child care grantees and others in the child care field.

Child Care Bureau
<http://www.acf.dhhs.gov/programs/ccb>

Electronic Policy Network
<http://epn.org/>
Includes information and links to national organizations working on child and family policy, welfare reform, and health policy and conducting economic research.

ERIC Clearinghouse on Elementary and Early Childhood Education
<http://ericeece.org>
ERIC provides access to literature on child development, caring for young children, and parenting.

National Child Care Information Center
<http://nccic.org>
Sponsored by the Child Care Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services, this site provides access to child care-related information.

National Resource Center for Health and Safety in Child Care
<http://nrc.uchsc.edu>
Funded by the Maternal and Child Health Bureau, California Department of Health and Human Services, this site has the child care licensure regulations for each state. Also available are health and safety tips and other resources.

U.S. Department of Health and Human Services
<http://www.os.dhhs.gov>
This site provides information on the Child Care and Development Block Grant, links to other Administration on Children and Families sites, the Department of Health and Human Services, and other related child care sites.

The National Child Care Information Center (NCCIC) has compiled this information. At the time of printing, the web sites were current. The NCCIC does not endorse any particular organization, practice, publication, or resource.

National Child Care Information Center
243 Church Street NW, 2nd Floor
Vienna, VA 22180
Telephone: (800) 616-2242
FAX: (800) 716-2242
TTY: (800) 516-2242
World Wide Web <http://nccic.org>

Center for Career Development in Early Care and Education
<http://ericps.crc.uiuc.edu/ccdece/ccdece.html>

Center for the Child Care Workforce
<http://www.ccw.org/>

Child Care Aware
<http://www.childcarerr.org/childcareaware>

Child Welfare League of America
<http://www.cwla.org>

Children's Defense Fund
<http://www.childrensdefense.org>

Children's Foundation
<http://www.childrensfoundation.net>

Consumer Product Safety Commission
<http://www.cpsc.gov>

Indian Health Service
<http://www.ihs.gov>

Military Child Development Program
<http://dticaw.dtic.mil/milchild/

National Association for Family Child Care
<http://www.nafcc.org/>

National Association for the Education of Young Children
<http://www.naeyc.org/>

National Association of Child Care Resource and Referral Agencies
<http://www.naccrra.net>

National Black Child Development Institute
<http://www.nbcdi.org>

National Center for Children in Poverty
<http://cpmcnet.columbia.edu/dept/nccp>

National Child Care Association
<http://www.nccanet.org/>

National Clearinghouse on Child Abuse and Neglect
<http://www.calib.com/nccanch>

National Head Start Association
<http://www.nhsa.org>

National Institute on Out-of-School Time
<http://www.wellesley.edu/WCW/CRW/SAC>

National School-Age Care Alliance
<http://www.nsaca.org>

Zero to Three
<http://www.zerotothree.org>

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Reinventing Head Start

(Continued from page 3)

child, but teachers, administrators, volunteers, and other child developers must be equally prepared and trained. As always, Head Start will insist that mandates be supported by research.

Equally important is the development of a Head Start-K–12 school partnership that does more than rhetorically respond to the importance of a child's preschool experience. We know that one-third of prekindergartners are in child-care centers and preschools because families are choosing early education as part of their child's educational experience. Fiscal accountability has always been a critical measure of success for Head Start. Research shows that every dollar invested in Head Start saves the average taxpayer seven dollars. As Head Start reinvents itself, the expectation is for schools serving K–12 to do the same.

As the largest, most diverse state in the nation, California must demonstrate leadership in tackling child development and child care issues.

The competitiveness of a new world, one that is being redefined by technology, global markets, and complex infrastructures, dictates that each person who touches the life of a child in any way must be committed to finding new-world solutions. Bureaucracy must make way for innovation. Individuals, regardless of agency affiliation or place of employment, must commit themselves to overcoming institutional barriers that inhibit relationship building and responsiveness to community needs. Emphasis must shift from doing business as usual, according to policy, and within budget. Meeting the emerging needs of low-income children and families requires each of us to stretch our minds, resources, and talents to develop new solutions and strategies.

As the largest, most diverse state in the nation, California must demonstrate leadership in tackling child development and child care issues. We know Head Start is provided to less than 25 percent of the eligible population. We also know that collaboration, no matter how well-intended and by what authority it is mandated, takes time —for relationship building, education of partners, and development of systems.

The California Head Start Association (CHSA), the membership association for the more than 200 agencies that provide Head Start services, offers recommendations that are the foundation of the CHSA 1999–2000 advocacy campaign. The recommendations are as follows:

1. Federal child care dollars should be used to expand Head Start to a full-day, full-year program. Funding should support 10-hour, seven-days-a-week programs.
2. State mandates that cause conflicts for parents between welfare-to-work requirements and Head Start mandates that maintain a parent's role as the primary nurturer of his or her child must be eliminated. The parent's role and responsibility as nurturer must be upheld and protected by all means necessary.
3. As the primary advocate and activist for low-income children and parents, Head Start must be a member of each state and local policymaking body. From the governor-appointed Child Development Policy Action Committee to the local Child Care Development Planning Council, Head Start must be a presence, voice, and vote at the "table."
4. A statewide community college educational infrastructure should be developed to support the learning, accreditation, and matriculation for all child development and child care staff. CHSA recommends an independent, governor-appointed task force composed of corporate leaders, community representatives, persons from academia, and the child development community. Only decision makers must be invited to serve. Created with the sense of urgency that a new world is upon us, this task force must be given the resources to accomplish its mission.

Creating equitable educational and economic opportunities and investing in full access to them can no longer be delayed. Despite political mis-messages regarding diversity, the fact of the matter is undeniable: by the year 2003, California's majority population will be people of color. This state, the Pacific Rim, and the national economy are absolutely dependent on each person's ability to tap, use, and exploit the full range of his or her potential.

Giving every child a Head Start is no longer an option. It's time for action and a lot of it.

BRIDGES

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BRIDGES
CALIFORNIA HEAD START-STATE COLLABORATION OFFICE

Message from the California Head Start–State Collaboration Office

by Michael Silver, Director, and Michael Zito, Coordinator

In March, while doing the early planning for this issue of *Bridges*, we ran across an article in the *San Francisco Examiner* titled "Health Care Gap Unfilled." The article estimated that over *13,000* children in San Francisco are eligible for California's Healthy Families program but are not enrolled. *Only* 25 African American children in the entire city were enrolled in this program, which offers needed medical, dental, and vision benefits. The *Examiner* reporter interviewed a child development program director in the low-income Bayview-Hunters Point section of the city, who "came up blank when asked for her assessment of Healthy Families," because she had never seen any outreach materials for the program.

And the problem is not confined to San Francisco. The picture is not much brighter for the state as a whole. It is estimated that California is home to 1.85 million uninsured children. The overwhelming majority of these children are eligible for Healthy Families or the Medi-Cal program. Since the *Examiner* article appeared, the state Department of Health Services (DHS) has streamlined the application form and process for Healthy Families and Medi-Cal. The California Head Start–State Collaboration Office has worked with DHS staff to provide you with several articles describing the new enrollment process and application.

Another recent development that should increase referrals to these programs is that Vice President Gore has announced definitively that legal immigrants may use public health insurance programs and other social services "without jeopardizing their chances of becoming U.S. citizens." We hope that this issue of *Bridges* assists program staff and families in appropriate and timely referrals to Healthy Families and Medi-Cal. And once you have a child covered, make sure that he or she is screened for lead poisoning. Medicaid recipients are *three times* as likely as other children to have high levels of lead in their blood.

> *It is estimated that California is home to 1.85 million uninsured children. The overwhelming majority of these children are eligible for Healthy Families or the Medi-Cal program.*

Another major focus of this issue of *Bridges* is to explain how Head Start and other child care and development programs are working together in many communities across California to develop full-day/full-year program options for families who need them. The advent of welfare reform has meant that programs must provide more hours of service as low-income parents entering the workforce increasingly require full-day care for their children. You will find in this issue of *Bridges* several articles that describe

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Message from the California Head Start Association (CHSA)

CHSA Forum Explores Collaboration/ Fiscal Strategies

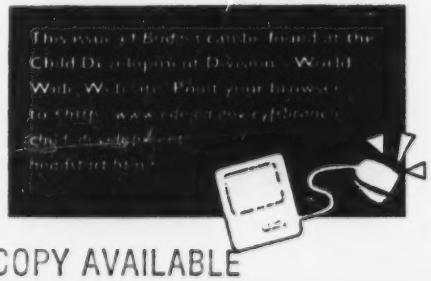
by Norma Johnson, Board President, CHSA, and Adolfo H. Munoz, Ph.D., CHSA Consultant

A one-day forum sponsored by the CHSA was held on July 29, 1999, to explore the program design and fiscal strategies used by three agencies that have been successful in implementing substantive collaboration. Norma Johnson, CHSA Board President, was one of three key presenters who outlined the challenges and strategic solutions adopted by their programs in dealing with various fiscal, regulatory, and programmatic obstacles to collaboration.

The forum, held at the Sheraton Palace Hotel in San Francisco, was well attended and featured presentations from SETA Head Start, OPTIONs, and the Contra Costa County Family and Children's Services Division. Models presented included "wraparound" collaboration with nonprofit agencies working with private child care providers and state child development programs. The forum addressed four key objectives:

1. Share collaborative program models;
2. Identify fiscal strategies, issues, and concerns;

(Continued on page 11)



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A Head Start Toward a Healthy Future

by the staff of School House Connections, California Department of Health Services

The early years of a child's life are when medical professionals can best detect and treat minor health problems before they grow into serious health threats. Consequently, for those children without health coverage, their future physical and educational development may be at risk. Early childhood programs such as Head Start can play a vital role in linking thousands of children to health care coverage.

Many children see a doctor only when they're rushed to an emergency room to treat what is an otherwise minor health problem, like an earache. However, by not having access to regular, preventive health care, a minor health problem could intensify into a frightening and agonizing ordeal that could result in permanent damage. Some families without access to health coverage even risk their children's health and well-being by relying on unqualified health practitioners and the dangerous drugs they prescribe.

Families have health programs to turn to. Affordable and accessible health coverage is available for many families through the Healthy Families Program and Medi-Cal for Children. These programs give children access to health care from such major health plans as Blue Shield, Health Net, Kaiser Permanente, and Blue Cross. In addition, a streamlined four-page mail-in application, which is available in 11 languages, makes it easier for families to apply for coverage.

Healthy Families and Medi-Cal for Children provide low-cost and no-cost comprehensive medical, dental, and vision care coverage to children of working families, depending upon family income and the health plans selected. Benefits of these affordable health coverage programs include:

- Regular checkups, including well-child visits
- Immunizations
- Prescription medicine
- Lab and x-ray fees
- Dental and eye care (including eyeglasses)
- Mental health services
- Physician and hospital services

Early childhood programs are essential partners to help expand health care coverage to children. Here are a few reasons why: [1]

- A recent study by the U.S. General Accounting Office found that 54 percent of uninsured, Medicaid-eligible children were under age six. Thus, many uninsured children not yet in school are likely to be cared for by an early childhood program such as Head Start.

Early childhood programs are essential partners to help expand health care coverage to children.

- Head Start and other early education programs routinely ask parents for income information to determine eligibility into their programs. This information can easily determine a child's possible eligibility for several no-cost and low-cost health coverage programs, including Healthy Families and Medi-Cal for Children.
- Updated immunizations are always required for entry into all early childhood programs. It makes sense for program staff to check with families about a child's health insurance status at the same time they are checking to see that the child has met the program's health requirements. Staff can refer families to Healthy Families and Medi-Cal enrollment entities, where families can get free help in completing an application for coverage with the help of certified application assistants. Among the many benefits of Healthy Families and Medi-Cal for Children is that regular preventive services, such as immunizations and well-child checkups, are absolutely free.
- Finally, since most early childhood programs have embraced comprehensive approaches to working with children and their families, linking uninsured children to health care coverage is a natural extension of their program activities. Being physically healthy and developmentally prepared allows children to learn better in school.

For children who are found ineligible for Healthy Families and Medi-Cal for Children, there are additional programs that offer affordable health care coverage. These programs include Kaiser Permanente Cares for Kids, CaliforniaKids, and Access for Infants and Mothers (AIM). See the accompanying health care program summary chart for information about these

[1] Adapted from the *Start Healthy, Stay Healthy Outreach Handbook* from the Center on Budget and Policy Priorities.

programs and referral numbers. Also, the Child Health and Disability Prevention Program (CHDP) provides prevention services, including immunizations, to children eligible for state preschool programs. For more information about CHDP, contact your local health department's CHDP office.

In July 1998, the California Department of Health Services launched a multilingual education and outreach campaign to increase public awareness about Healthy Families and Medi-Cal for Children coverage. Day care centers, schools, and community-based organizations throughout California have assisted the state in a variety of ways, including sending out fliers with registration forms, organizing sign-up days, and enlisting support from local businesses.

Here are ways in which you can become involved in the Healthy Families and Medi-Cal for Children outreach and enrollment efforts:

- Display joint Healthy Families and Medi-Cal for Children applications and referral numbers, along with information about other low-cost health plans, near bulletin boards so parents have easy access to them. You can receive joint Healthy Families and Medi-Cal for Children brochures, applications, and handbooks by calling the state's subcontractor, Richard Heath and Associates (RHA), toll-free at 1-888-237-6248.
- Distribute Healthy Families and Medi-Cal for Children information during program registration sessions, and send important information home with children to share with their parents. You can also distribute the health care program summary chart on the following page that provides an overview of affordable health coverage programs, income eligibility guidelines, and referral numbers for parents. For a reproducible, camera-ready copy of the program summary chart, contact School Health Connections at (916) 653-7746.
- Include an article about Healthy Families and Medi-Cal for Children in a parent newsletter and discuss the importance of access to regular health care services.
- Become a Certified Application Assistant (CAA). CAAs can earn $50 for each successful enrollment. For information about becoming a CAA, you can call RHA's toll-free number listed above.
- Partner with local agencies and community-based organizations to hold free "Application Assistance Days." Thousands of agencies and

(Continued on page 11)

Message from the California Head Start–State Collaboration Office

(Continued from page 1)

various partnerships in different communities, with partners describing their successes and challenges.

We have also included a number of related online resources as well as information about new technical assistance resources, such as the federal initiative known as QUILT, to assist programs in establishing or fine-tuning their collaborations. And CHSSCO is in the process of publishing the *Collaborative Partnerships Report*, which is based on surveys completed last year by Head Start programs that were entering into collaborative arrangements to provide families with full-day/full-year services. The report will be widely distributed when published this fall; if you receive this newsletter by mail, you will receive a copy of the report.

We are pleased that the last issue of *Bridges*—focusing on California's service system for children with developmental delays and disabilities—was enthusiastically received; nearly 70,000 copies were printed. The state Department of Social Services thought it important and comprehensive enough to send a copy to each of the licensed family child care homes in the state, which number over 40,000. It has been used as a training guide for instruction in child care and development and special education at several colleges and universities in the state. The issue is still available on our Website at: *<www.cde.ca.gov/cyfsbranch/child_development/headstart.htm>*. You will also find an overview of the CHSSCO and our yearly work plan activities at this site.

Yet, we aren't perfect. Our listing of California's resource and referral agencies (R&Rs) in the last *Bridges* inadvertently omitted one: Wu Yee Children's Services in San Francisco, telephone number 415/391-4956. We extend our apologies.

A Healthier Tomorrow Starts Today

CALL TOLL-FREE, 1-800-880-5305

MEDI-CAL FOR CHILDREN

No-Cost Health Coverage for Children, Birth Through Age 18, and Pregnant Women

- No-cost comprehensive health, dental and vision benefits for children.
- No monthly premiums.
- No copayments for any benefit.
- Choice of health insurance plans in most major population centers.
- Family property (such as savings or cars) does not count for eligibility.
- More children with higher family incomes qualify for **no-cost Medi-Cal.**
- Available for children of single or two-parent working families.
- Mail-in application. Does not require a visit to the welfare office to apply.

HEALTHY FAMILIES

Low-Cost Health Coverage for Children Birth Through Age 18

- Low-cost comprehensive health, dental and vision insurance.
- Low monthly premiums from $4 per child to a maximum of $27 per family.
- No copayment for preventive services (such as immunizations). $5 copayment for non-preventive services (such as going to the doctor due to illness).
- Choice of health, dental and vision insurance plans.
- Family property (such as savings or cars) does not count for eligibility.
- For children without health insurance and children on **Medi-Cal with a cost.**
- Available for children of single or two-parent working families.
- Mail-in application.

Medi-Cal and Healthy Families are two health care programs:

- Family size, age of the child and income determine which program a child may qualify for. A younger child may qualify for **no-cost Medi-Cal** and an older child may qualify for **Healthy Families.**
- If the child qualifies for **no-cost Medi-Cal** he/she **does not qualify** for **Healthy Families.**
- If your income is too high to be eligible for **no-cost Medi-Cal**, your **child may qualify for Healthy Families.**

To be eligible a person must be:

- Under age 19, or a pregnant woman
- Within income guidelines
- A California resident
- A U.S. citizen, national or eligible alien. Regardless of immigration status or date of entry, a child or pregnant woman can qualify for some form of **Medi-Cal.**

For Help In Your Language...Please Call Toll-Free, 1-800-880-5305

For English information, Press 1..... 1 English

Si desea información en español, oprima el 2..... 2 Spanish

Muốn được giúp đỡ bằng tiếng Việt, xin gọi số trên và Bấm số 3..... 3 Vietnamese

សម្រាប់ពត៌មានបន្ថែមជាភាសាខ្មែរ, សូមទូរស័ព្ទទៅលេខខាងលើហើយចុចលេខ 4..... 4 Cambodian

Yog koj xav paub xov ntxiv hais ua lus Hmoob, thov koj hu tus xov tooj teev los saum toj no, tom qab ntawd, koj mam nias tus nabnpawb 5.... 5 Hmong

Հայերենով տեղեկություն ստանալու համար խնդրում ենք հեռաձայնեք վերը նշված համարով եւ սեղմեք 6..... 6 Armenian

如需粵語資料，請撥上列號碼並按 7..... 7 Cantonese

한국어로 된 정보를 원하시면, 위에 나온 번호로 전화하신 다음 (8) 을 누르십시오..... 8 Korean

Для получения информации на русском языке звоните, пожалуйста, по вышеуказанному телефону и нажмите кнопку 9..... 9 Russian

برای کسب اطلاعات به زبان فارسی با شماره فوق الذکر تماس بگیرید و شماره 0 را فشار دهید..... 0 Farsi

Provided by the State of California

Health Care Coverage

Regular health care is important for a child's well-being and physical development. Here are a few programs that provide no-cost or low-cost health care for children:

Medi-Cal provides no-cost comprehensive health, dental, and vision coverage for children and pregnant women.* Eligibility is determined by family size, children's ages, and family income. This program is available to eligible U.S. citizens, nationals, or immigrants. For a mail-in application, call toll-free 1-888-747-1222.

*Families whose income is higher than the allowable limits for no-cost Medi-Cal, Healthy Families, or Access for Infants and Mothers (AIM) will have a share of the cost (similar to a monthly deductible) based on their income and family size.

Medi-Cal

Number of persons in family	*Pregnant women and children to age one*	*Children one to five*	*Children six to eighteen*
1	up to $1,374	up to $ 914	up to $ 687
2*	$1,884	$1,226	$ 922
3	$2,314	$1,539	$1,157
4	$2,784	$1,851	$1,392
5	$3,254	$2,164	$1,627
6	$3,724	$2,477	$1,862

*A pregnant woman is considered a family of two for purposes of this chart.

Healthy Families provides low-cost health, dental, and vision coverage for children who are not eligible for no-cost Medi-Cal. Eligibility is determined by children's ages and family income. U.S. citizens and "qualified" immigrants may apply for this program. For more information and to request a mail-in application, call toll-free 1-888-747-1222.

Healthy Families

Number of persons in family	*Gross monthly income limits for children ages birth to 1*		*Gross monthly income limits for children ages 1 to 5*		*Gross monthly income limits for children ages 6 to 18*	
	At least	*But not over*	*At least*	*But not over*	*At least*	*But not over*
1	$1,375	$1,717	$ 915	$1,717	$ 688	$1,717
2*	$1,845	$2,305	$1,227	$2,305	$ 923	$2,305
3	$2,315	$2,892	$1,540	$2,892	$1,158	$2,892
4	$2,785	$3,480	$1,852	$3,480	$1,393	$3,480
5	$3,255	$4,067	$2,165	$4,067	$1,628	$4,067
6	$3,725	$4,655	$2,478	$4,655	$1,863	$4,655

*A pregnant woman is considered a family of 2 for purposes of this chart.

Adapted from the Children's Health Access and Medi-Cal Program (CHAMP). CHAMP is a project of the National Health Foundation funded by Kaiser Permanente of Southern California, California HealthCare Foundation, Ahmanson Foundation, California Community Foundation, and PacifiCare Foundation.

This information is accurate as of November 24, 1999, but may be subject to change. Please contact the programs to see if you are eligible.

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for Children

Kaiser Permanente Cares for Kids provides low-cost health insurance for uninsured children who are not eligible for Medi-Cal for Children or Healthy Families. This program covers children under age 19 within Kaiser Permanente California's service area. Eligibility and cost are based on family size and income. For more information, call toll-free 1-800-255-5053.

(Not affiliated with or endorsed by the State of California.)

Kaiser Permanente Cares for Kids

Number of persons in family	*Gross monthly countable income*	
	At least	*But not over*
1	$1,717	$2,060
2	$2,305	$2,765
3	$2,892	$3,470
4	$3,480	$4,175
5	$4,067	$4,880
6	$4,655	$5,585

California Kids provides affordable preventive and primary health, dental, and vision coverage for children who are not eligible for Medi-Cal for Children or Healthy Families. This program also covers undocumented children. Eligibility and cost is based upon family size and income. For more information, call toll-free 1-800-374-4KID.

(Not affiliated with or endorsed by the State of California.)

California Kids

Number of persons in family	*Gross monthly countable income*
	Not over
1	$1,717
2	$2,305
3	$2,892
4	$3,480
5	$4,067
6	$4,655

Access for Infants and Mothers (AIM) provides prenatal and health care for pregnant women who have no maternity insurance and earn too much to be eligible for no-cost Medi-Cal. To qualify, women must not be more than 30 weeks pregnant. Newborns are covered up to age two. For more information, call toll-free 1-800-433-2611.

Access for Infants and Mothers

Your family size	*Gross family income (annual income)*	*Your total cost for pregnancy and baby's first year*
2*	$22,121 – $33,180	up to $ 663
3	$27,761 – $41,640	up to $ 832
4	$33,401 – $50,100	up to $1,002
5	$39,041 – $58,560	up to $1,171
6	$44,681 – $67,020	up to $1,340
7	$50,321 – $75,480	up to $1,509
8	$55,691 – $83,940	up to $1,678

*A pregnant woman is considered a family of 2 for purposes of this chart.

Health Insurance for Families in Transition

by Deborah Paratore
Director of Special Projects, Sacramento Employment and Training Agency Head Start

"How will I provide for the health needs of my family?" That question tops the list of concerns for families moving from welfare to self-sufficiency when they are no longer eligible for Medi-Cal.

The California Head Start–State Collaboration Office (CHSSCO) recognizes this concern and has made the improved access to health care services a priority. Of primary importance is the need for children to receive comprehensive medical, dental, mental health, and nutrition services. These services, plus preventive and early intervention services, are delineated in CHSSCO's yearly work plan, with a focus on linking families with a source of ongoing health care (i.e., establishing a "medical home") so that the needs of the children will continue to be met after they leave Head Start.

Of primary importance is the need for children to receive comprehensive medical, dental, mental health, and nutrition services.

In July 1998 California implemented its **Healthy Families** program. Healthy Families is a low-cost insurance program that provides health, dental, and vision coverage to children who do not have insurance and do not qualify for no-cost Medi-Cal. Monthly premiums range from $4 per child to a maximum of $27 per family.

The Healthy Families program has been underutilized at the local level. For example, Sacramento County estimates that 30 percent of its county population does not have health insurance. Although 60,000 children in the county are eligible for the program, only about 2,200 have been enrolled to date. SETA Head Start, the Head Start grantee in Sacramento County, is linking families with the Healthy Families program in an effort to address that gap between program availability and utilization.

As children enroll in the SETA Head Start program, children's and families' health needs are identified through a health assessment, after which a family partnership agreement is prepared. Families who are without health coverage or who may otherwise benefit from the Healthy Families program are assisted by staff in applying for coverage.

It is noteworthy to mention that during SETA Head Start's in-service staff training on the Healthy Families program application process, evidence arose that many of Head Start's own staff—especially part-day, part-year employees—were eligible to apply for Healthy Families benefits for their own children. Since then, SETA has included information on the Healthy Families program in their employee orientations.

The Healthy Families program application recently has been streamlined to a concise, four-page format—a significant improvement over the daunting, 20+ pages contained in the original application packet. Online information and toll-free technical assistance have also been added as tools to speed the enrollment process. Healthy Families program application packets are available in several languages, including Armenian, Cantonese, Cambodian, Chinese, Farsi, Hmong, Lao, Russian, Spanish, Vietnamese, English, and Korean. The packets and application assistance can be obtained by calling **1-800-880-5305** toll-free.

Take Action: Build a Child Care Mental Health Consultant Service in Your Community

by Marsha Sherman, Director, California Child Care Health Program

The California Child Care Health Program (CCHP) has been working since 1987 on issues that link children's health and the early childhood field. As CCHP staff travel to many communities in the state to discuss the support teachers and family child care providers need from the health services, the most common request is for help with children who have challenging behaviors.

There seems to be at least one child in every program, family and center-based, who drives the child care providers "crazy." It is not always the case of a child who is overly aggressive. It could be a child who does not communicate, withdraws to a corner, and will not participate in any activities. It could be the child who is cooperative, plays well, and is a leader in the class—except for ten minutes each day (but oh, those ten minutes as the child turns over the art table while four children are in the middle of painting or somehow manages to get the fire extinguisher off the wall and spray everyone in sight in 30 seconds). Or it could be the child whose behavior is very different from that of the other children, but you cannot quite explain what it is that concerns you.

What help is available? "Very little," unfortunately, is the answer. Although many Head Start programs have mental health support services, few child care programs do. Only a handful of model early childhood mental health programs work within the child care or Head Start culture.

It is time to work together to create a system of mental health consultation in which a consultant can come to your program site, meet with the providers/teachers, and observe the child of concern. The consultant could then (1) assist the providers in communicating the issues to parents to gain their support for a consistent family plan; (2) counsel the providers on activities, responses, and policies that will build on the child's strengths and help the child feel secure and comfortable in the child's environment; and (3) when more help is needed, assist in establishing a child and family intervention plan or both.

Why is such a service not yet readily available? The first reason, not surprisingly, is funding. Mental health services often are expensive; not all families or child care programs can afford such services. The second reason is that few mental health providers have the training and experience needed for working with children in the preschool years. Some providers even think that services cannot be provided until a child reaches age five. Yet new research on the brain tells us that age five may be too late for intervention.

What should we do about it? CCHP is working in three pilot counties (Alameda, Stanislaus, and Ventura) to establish projects that will provide these services, patterned after several successful models in the Bay Area. The funding needed is a small grant for start-up and training of mental health professionals. The actual cost for services might be paid in a variety of ways. If the child has health insurance (including Healthy Families coverage or Medi-Cal), it may be possible to bill the insurance for each visit, even if the visit is with the child care provider rather than with the parents or the child. If the child is a victim or a witness to violence (including community violence), the costs could be billed to the California Victims of Crime Project. Therapists are accustomed to billing for services after they have consulted. This is not the easiest solution, but it is the beginning of an effort to build a mental health system that meets the needs of children and families in the early childhood community and provide support for the child care providers.

(Continued on page 10)

ABC at Work

Linking Kids to Health Care

by the staff of School House Connections, California Department of Health Services

In a procedure very similar to a root canal, a dentist extracts the pulp from a child's tooth and leaves behind a metal crown. The procedure is called a pulpotomy, performed only after a tooth has broken or decayed beyond the point at which a routine filling will suffice.

Christine Reeves, a registered nurse and health care service coordinator with ABC Child Development and Community Services (ABC), knows a four-year-old boy who has endured that procedure on each of his teeth—a painful experience. He is one of the children served by ABC, a Head Start provider in Los Angeles. Unfortunately, what happened to this child is typical of what can happen to children who lack coverage for regular medical, dental, and vision care. Many of these children do not receive vital health care services until it is too late.

"There's a deficiency in ongoing care," said Reeves. "We see kids with anemia, dietary problems, and dental needs. Parents without health coverage for their kids have nowhere to turn for health services, except the emergency room. At that point, however, a minor health problem has worsened into a serious health threat."

Reeves and the family representatives at ABC hope to alleviate that situation for parents and children who register for Head Start services for the 1999–2000 school year. ABC staff will inform parents about low-cost and no-cost health coverage available through the Healthy Families Program and

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Y2K and Head Start

by Robert Granillo
Administration for Children and Families

You have undoubtedly read and heard about the efforts that businesses and government agencies have undertaken to prepare for any challenges that may occur at the close of this calendar year. Such challenges may involve computer software or computer hardware that must be replaced or modified to accommodate what has become known as the "Y2K" phenomenon. Systems must be replaced, redesigned, or adapted to recognize and compute using a four-digit-year field beginning in the year 2000.

Fortunately, the Administration for Children and Families (ACF) does not anticipate any interruptions in making grant payments to Head Start grantees at the start of calendar year 2000. Throughout the balance of this year, ACF and the Department's Payment Management System will be testing the payment-processing system and other systems. In addition, ACF will develop contingency plans to ensure that services will continue even if ACF computer services are temporarily interrupted. ACF issued an Information Memorandum (ACYF-IM-HS-99-08), dated 6/25/99, addressing this item.

There are, however, other areas that could fail and subsequently impact the operation of Head Start programs. Possibilities include:

- Unavailablility of ACF regional offices
- Inability to contact remote Head Start centers
- Unavailability of electrical power
- Disruptions in heating/water service
- Disruptions in telephone service
- Problems with PC work stations
- Reductions in e-mail capability
- Disruptions of accounting applications

Each Head Start program should have a contingency plan in place to make sure that the program continues with minimal interruptions should any of those areas fail for an extended period of time.

Linking Kids to Health Care

(Continued from page 9)

Medi-Cal for Children. These programs provide coverage for comprehensive medical, dental, and vision care for uninsured children of working families. ABC family representatives have completed training as Certified Application Assistants (CAAs) and will assist families in the application process for health coverage for their children.

Reeves will soon incorporate the Healthy Families and Medi-Cal applications into all Head Start registration materials. Meanwhile, ABC staff will schedule appointments with parents to help them apply for coverage. The ultimate goal is to ensure that children receive the ongoing, preventive health care they need. ABC family representatives will also encourage parents to choose a "one-stop" health care center to which they can regularly take their children for their health care needs.

Reeves expects positive results from these efforts. The impact on the area served by ABC of more children receiving health coverage will be great. ABC expects to serve 1,811 children next year, and by enrolling these children in the Healthy Families and Medi-Cal programs, ABC family representatives hope to extend health coverage to the children's other eligible family members.

"Families will have a place to take their child when he or she gets sick. Parents won't have to rush their children to the emergency room for minor sicknesses. They'll go to a doctor," said Reeves. "I'm proud that ABC has helped put in place a system of applying for health coverage that will assist ABC's uninsured children. These children will be happier, healthier, and ready to learn when they begin kindergarten."

Family Literacy Conference Coming in March

The 7th annual Family Literacy Conference, "Children, Families, and Educators Learning Together," will be held March 5–7, 2000, in Burlingame, California, at the Marriott San Francisco Airport Hotel.

The conference represents the collaborative efforts of four divisions of the California Department of Education—Adult Education, Educational Options and Safe Schools, Child Development (including representation from the California Head Start–State Collaboration Office), and Elementary Teaching and Learning.

Pre-conference directors' meetings will be held on March 5th for coordinators and directors of the following programs: Adult Education; American Indian Education; Elementary Model Programs; Even Start; Head Start; Child Development Early Grades; Healthy Start; and Migrant Even Start. The pre-conference meetings will be closed to the public.

A welcome reception for all conference participants will be held from 6:30–7:30 p.m. on March 5, and conference sessions will be presented on March 6 and 7.

For registration information contact Sallie Wilson at (916) 657-2916.

Mental Health Service

(Continued from page 9)

Take action in your community by helping Head Start and child care communities come together to establish their mutual needs and assets. Go together to talk with the children's services coordinator in your county's mental health program. Be sure to point out that they should talk with their colleagues in Alameda, Stanislaus, and Ventura counties. Call the Child Care Health Program Healthline for technical assistance, more information, and a concept paper at 1-800-333-3212. Talk about your need for support at your local Child Care Planning Council and Proposition 10 meetings. Give testimony about your real-life experiences (be sure to hide the identity of the child and family to maintain confidentiality) and keep talking.

Soon others will join with you to build an effective mental health consultation program for your community.

Healthy Future

(Continued from page 3)

organizations throughout California already have trained CAAs on-site. Application assistants are listed geographically on the Healthy Families Web site, *<http://Healthy Families.ca.gov>*, or you can call RHA's toll-free number listed above to find application assistants near you.

Head Start and other early education program sites across the country have joined the effort to provide health coverage to uninsured children. For example, a New Jersey Head Start program uses fortune cookies to reinforce the theme "Make Good Health a Part of Your Future." Head Start staff ordered cookies with fortunes bearing simple health messages, then distributed them along with additional information about Medicaid at a Head Start recruiting event. In Louisiana, staff at 12 Head Start programs operated by the Regina Coeli Child Development Center are trained and certified in assisting families with completing Medicaid applications. These Head Start programs use a variety of innovative ways to educate families about Medicaid, including sending fliers and newsletters to the families of the approximately 1,400 children they serve. Families can also make an appointment at their Head Start center to fill out an application when they drop off or pick up their children.

Combined, Healthy Families and Medi-Cal for Children will cover thousands of uninsured California children and enhance their ability to learn. As of early August 1999, Healthy Families enrollments have reached over 154,000 children. That translates to 47 percent of the estimated children eligible for Healthy Families. In addition, education and outreach to parents about Healthy Families and Medi-Cal for Children has increased. By forging partnerships with Head Start, other early education and day care centers, schools, hospitals, and community-based organizations, we can ensure that every uninsured child eligible for Healthy Families and Medi-Cal for Children will be enrolled.

Stewart B. McKinney Homeless Assistance Act

by Doug McDougall
Education Programs Consultant
California Department of Education

In July 1987 Congress passed the Stewart B. McKinney Homeless Assistance Act, an omnibus bill to assist homeless individuals through improving such services as emergency shelters, health care, and job training. Subtitle VII-B of the Act specifically addresses the education of homeless children and youths, including preschoolers.

What does "home" mean to a preschooler? It is a place that has many meanings and brings forth a variety of emotional responses. Home is a place that provides safety, warm hugs, big smiles, and a place where one can be left alone without feeling lonely.[1] Home can be a place to grow, to grow up, and to learn. And for a preschooler, home is a place from which explorations into day care, school, and other learning environments occurs. Home is the place to which one returns. Home means stability, predictability, and protection. Home also can mean the community in which one lives and can include our neighbors, special friends, religious affiliations, and extended family members—in other words, a place where we fit in, feel a part of, and belong.

At times, these concepts or assumptions of what a home is simply do not exist for many children and youths. We should know that not all children live in safe and secure homes. In California an estimated 220,000 children and youths, from birth to 18 years of age, are homeless during all or part of the year.

(Continued on page 21)

[1]McAllister, et al. 1998. "Home Is a Base for Living," in *Zero to Three*, Vol.19, No.1.

Message from the California Head Start Association

(Continued from page 1)

3. Develop a list of collaboration/fiscal issues to be addressed by State/Federal funding sources; and
4. Develop a Head Start network of fiscal professionals.

The forum not only concentrated on the programmatic aspects of collaboration efforts, but also offered a close look at the creative fiscal strategies adopted by each of the three programs. Participants weighed the "mental models" associated with collaboration projects against the assumptions underlying more traditional program designs.

A key learning point from this forum was the level of internal collaboration—that is, high-level teamwork between fiscal and program practitioners—required in each of the programs to cope effectively with the challenges posed by various state and federal regulations.

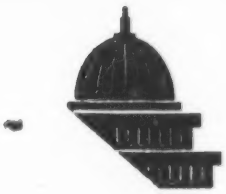
During the coming months, CHSA will be sharing some of the key issues and recommendations that emerged from this forum with the appropriate state and federal officials. It is hoped that both state and federal agencies can facilitate collaboration efforts by amending and/or providing a waiver to some of their respective regulations that hinder or impede program collaboration.

A Program/Fiscal Collaboration Task Force is forming that includes the California Department of Education's Child Development Division, CHSA, and other child care and development program providers. CHSA hopes the task force will approve collaboration guidelines for all state-funded and Head Start programs within the next few months.

Overall, the forum provided CHSA and its members an opportunity to learn from the experiences of other programs and work collectively on ways of further minimizing barriers to genuine collaboration.

HEAD START–CHILD CARE PARTNERSHIPS

Merging Federal and State Children's Programs in Contra Costa County



by Wilda Davisson, Manager
Family and Children Services
Contra Costa County

Contra Costa County is the only county-government entity in California that provides state-subsidized child care and development and federal Head Start programs in directly operated centers. The county's Community Services Department (CSD) serves as the area's community action agency with the mission of providing assistance to low-income citizens by moving them toward self-sufficiency through the use of federal Community Services Block Grant funds. As a Head Start grantee, CSD has provided part-day, part-year services to low-income children for over thirty years.

In 1990 CSD began contracting with the California Department of Education to operate subsidized child care centers and the local State Preschool program. CSD placed the state-funded programs in a division separate from Head Start because of differences in contracts, operations, and regulations.

In response to welfare reform, the Head Start program has sought to develop a full-day, full-year model to meet the changing needs of families and children. Without additional funding to extend the days and the year for the current Head Start children needing full-day services, a partner agency would be necessary. In addition, most classes in the program were scheduled back-to-back in a single classroom; to reschedule classrooms for full-day services would require twice as many rooms. After the implementation of class size reduction in the public schools, facilities were insufficient to reschedule children even if operational dollars had been available. Collaboration with full-day child care programs provided solutions to both problems and has had the added benefit of enhancing the quality of services to the full-day child care clients.

CSD sought permission from the Department of Education's Child Development Division and the Federal Administration for Children and Families to collaborate. The program began a pilot project in January of 1998 with the "Crisscross" model, in which children at a co-located site spent one part of each day in a Head Start classroom and the other in a general child care classroom. After six months the model was expanded to another site. This model had the administrative advantage of keeping the funding streams entirely separate by accounting accurately for the children's time in each program. However, it proved to be counterproductive in providing continuity of care to young children and caused confusion for the parents and teachers.

In response to welfare reform, the Head Start program has sought to develop a full-day, full-year model to meet the changing needs of families and children.

In July of 1998 a second pilot project program called the "Enhancement" model began, in which eligible Head Start children were identified in child care programs funded by non-federal dollars. Head Start enhanced services to the classrooms in which the children were located. This model was used in four classrooms during the 1998-99 school year and was found to be a great improvement over the Crisscross model. Continuity of care is preserved under the Enhancement model and children meet the eligibility requirements for each program. The Crisscross model was converted to the Enhancement model.

During the planning for collaboration between programs, differences between the two were identified. The following questions had to be addressed before the project could move forward:

- How can the program provide equitable compensation to staff when funding is not available in both programs?
- How can the program comply with the Head Start group-size requirement and still earn sufficient child days of enrollment to comply with state contracts?
- How can the program provide equitable services for children in other classrooms who are not eligible for Head Start?
- How can the program obtain support from the major stakeholders (e.g., line staff, labor union representatives, parents, board members, licensing authority, and funding sources) to make systemic changes?
- How can the program ensure compliance with two sets of funding standards?
- How can the program funding be integrated, while accounting for it separately, without incurring audit exceptions?

The eighteen-month run of the pilot program allowed the time necessary to develop solutions to some of the challenges facing the organization. The human factor was perhaps the most difficult challenge. It was clear that the organization's Head Start Division and Child Development Division featured two different cultures. The Head Start

Division had a more centralized administration, while Child Development relied more heavily on site-level administration.

Because of the different organizational cultures, a unified approach would be necessary. The two programs, Head Start and Child Development, have been merged into one division: the Family and Children's Services Division. Under one administration, the program is gradually folding eligible part-day Head Start and full-day Child Development children into a common unit called "Child Start." Child Start will adhere to the higher standard of either federal Head Start or state-funded child care and development programs.

All Child Start children are served by general child care and receive an infusion of funds and services from Head Start. In subsequent stages of the merger, Child Start will grow larger and Child Development and part-day Head Start will grow smaller. There will always be a need for some strictly Head Start and State Preschool half-day slots. Therefore, not all slots will be converted to the full-day model.

Head Start and Child Development have also developed collaboration projects with community-based agencies that have direct contracts with the California Department of Education or other funding sources, such as vouchers from Alternative Payment Programs. Included in the community outreach is a Family Child Care Network that offers support to providers working with Head Start children. Providers receive training, materials, technical assistance, and payment for services. The program is currently placing Head Start children in fifty licensed homes throughout Contra Costa County.

As a result of receiving expansion funding, the program is extending Head Start and general child care to infants/toddlers at four additional sites. The infant/toddler program grants provide funds for placing modular classrooms at existing sites in the county.

Eventually, services are expected to be integrated so completely that only the administrators will know which children are attached to which program. At the classroom level, the only difference in services will be whether a child is a part-day or full-day enrollee. The table shown below provides information on the program's staging.

Along with reorganizing the delivery model for family and children's services, the program is consolidating access to the other client-assistance programs available through Community Block Grant funding. Each site will provide one-stop access to clients for energy assistance, home weatherization, job development, and so forth.

As in all instances of change, it is the individuals who count most. Having leaders with a vision and willingness to invest the time and resources to "sell" the vision to a critical mass of stakeholders leads to successful collaborations that work better for children and families.

Many challenges persist. However, the staff believes that the needs of the communities, families, and children are better addressed under the reorganized program than under the former program. The staff is delighted with the pay equity between the programs and the smaller class size for the general child care classes. The increase in materials and training provided through Head Start infusion funds has allowed teachers to create richer and more nurturing learning environments for all program children. The staff is especially pleased to have access to

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Head Start	General Child Care
Half day/part year	Full day/full year
Operated under Title XXII staff requirements	Operated under Title V staff requirements
Local Head Start job titles	California Child Development Staff Matrix job titles
Class size: 20	Class size: 24
Group size: 10	Group size: 8
Initial child-eligibility certification	Continuous family eligibility certification
Eligibility by individual children	Family eligibility
No parent fees	Graduated parent fees
Extended staff planning time	Little staff planning time
Scheduled staff training days	No days available for staff training
Higher salaries	Lower salaries
Sites predominately in east county	Sites predominately in west county
Strong centralized administration	Strong site administration
One- or two-room sites	Two- to six-room sites
Strong federal and regional training support	No federal or regional training support
No state training support	Limited state training support
Federal grant award	State contract that must be earned

Stages of Integration	Number of Children	Number of Sites
Phase One 1997-98	40	1
Phase Two 1998-99	360	6
Phase Three 1999-2000	928	18
Phase Four 2000-2001	Total integration	All sites

Head Start–Child Care Partnerships

Lessons Learned from the Los Angeles County Office of Education Head Start–State Preschool Division

by Dr. Andrew Kennedy and Dr. Brigitte Rodgers

The Los Angeles County Office of Education (LACOE) is the nation's largest regional educational agency. Los Angeles County is the most densely populated county in the nation, with more than 9 million residents, including 1.6 million students in 81 school districts. Los Angeles County has a welfare caseload larger than that of any state other than New York and California (Manpower Demonstration Research Corporation, 1998). Approximately 725,000 AFDC recipients reside in Los Angeles County.

As a regional educational agency, LACOE functions much like a local school district—but our responsibilities reach across 4,000 square miles. LACOE operates one of the largest Head Start programs in the nation. The LACOE Head Start–State Preschool Division contracts with fifteen school districts, two city governments, and fourteen private nonprofit agencies to provide direct services to children and families. Our division helps clients by monitoring programs for quality services, providing technical assistance, and training staff. LACOE Head Start also operates a Regionalized Family Services Unit for families eligible for Head Start who need assistance in substance-abuse abatement, pre-employment preparation, and family literacy. The unit also provides case management for high-risk families.

This article will share some of our insights and major lessons learned in establishing full-day/full-year Head Start–State Preschool Program partnerships. We will address the benefits, advantages, and factors needed to provide successful Head Start–State Preschool Program partnerships in Los Angeles County. Throughout the state, Head Start and State Preschool programs currently operate independently to provide three to four hours of comprehensive child care and development services to families at or below the poverty level.

Most parents who participate in the welfare system will be eligible only for entry-level jobs which, in most cases, will not give them a salary adequate to bear the full cost of child care.

Reforms in the welfare system will place many parents in need of full-day child care because, by law, they must either be working or be enrolled in an education or training program. Most parents who participate in the welfare system will be eligible only for entry-level jobs which, in most cases, will not give them a salary adequate to bear the full cost of child care.

If subsidized full-day/full-year child care is not available, those parents will have three choices: (1) to remove their children from a half-day program that provides both child care and family support services, then utilize full-day child care without family support services; (2) to keep their children in a half-day child care program and develop a "patchwork" of before-and-after child care arrangements; or (3) to keep their children in half-day child care and drop their own efforts to comply with the mandates established by welfare reform.

We have chosen to match Head Start and State Preschool programs to reduce costs and increase services provided to children and families. Because the population of families that we serve overlap, it seems fitting that we work together to ensure that high-quality early childhood education programs are provided to children and families.

LACOE's Head Start programs offer 3.5 hours of care, and most State Preschool programs offer 3.0 hours of care. Therefore, families who participate in this project receive at least 6.5 hours of subsidized care. Because both Head Start and State Preschool operate only part day, we have combined the hours of services offered by Head Start with those offered by State Preschool, thereby increasing the number of subsidized hours of child care offered to parents.

Children who attend State Preschool in the morning attend Head Start in the afternoon. Children who attend Head Start in the morning attend State Preschool in afternoon. Because both programs operate independently of each other, there is no need to blend funds. This model of matching services meets the child care needs of families seeking work or enrolled in a training program. Parents who need more than 6.5 hours of care will be encouraged to enroll in the Alternative Payment (AP) programs sponsored by the Department of Social Services (DSS). Eligible parents who participate in AP programs may receive a payment voucher to subsidize payment for child care hours beyond 6.5 hours.

The "lessons learned" are presented from an experiential perspective under five frames—symbolic, political, human relations, structural, and ethical—as follows:

Symbolic Frame

Conflicting philosophies of early childhood education and program operations were perceived as differences and barriers. Both Head Start and State Preschool providers believed that their programs were unique and would not complement each other. After careful discussions with both groups, we found that the differences were in technique rather than in approach and philosophy. In most child care programs, a distinction cannot be made between a Head Start classroom and a State Preschool classroom.

Both the California Department of Education and Head Start require all of their programs to offer developmentally, culturally, and linguistically appropriate programs for the children served. Both programs offer activities that facilitate a child's physical, cognitive, and social–emotional development.

Lessons Learned

Many Head Start and state-funded child care providers need to address the myths and the realities of child care partnerships.

The Head Start and child care communities need to understand that they are both part of the greater child care community.

Head Start organizations must not exclude themselves from the greater child care planning councils, associations, and organizations. The more exclusive a Head Start agency perceives itself to be, the fewer opportunities it has to establish collaborative partners from the greater child care community.

Political Frame

California government has several departments and funding sources responsible for instituting child care services, including the Department of Social Services (DSS), the Child Development Division of the Department of Education, and the California Community Colleges. Each of these organizations must work collaboratively and individually at the state-policy level and the local level in program implementation. State collaboration grants must identify different funding sources and, within their agencies, create state-level agreements that include Head Start grantees.

Lessons Learned

All of these agencies, including the grantees, are serving the same low-income to poverty-based families. The agencies must research the California *Education Code* and the federal regulations on partnerships to assist the providers of state-funded and federally funded programs in formulating blended-funding programs to increase the availability of child care.

County Government County governments need to convene forums and meetings to provide avenues and pathways for Head Start, State Preschool, and General Child Care providers to work collaboratively in implementing memorandums of understanding (MOUs), contracts, and business agreements to increase full-day/full-year services for the families living in the county.

City Governments City governments that receive child care, labor, and parks and recreation funding need to invite their Head Start–state-funded child care program providers into their boardrooms to discuss the use of facilities, wraparound programs, and joint ventures to serve families who need full-day/full-year child care services.

School Districts School district boards of education that recognize the value of and advocate early childhood education should use their Even Start, Title I, State Preschool, and special education funds to create partnerships with Head Start providers for the purpose of full-day/full-year services to their communities.

Unions Unions should be invited to discussions that support the expanded need for child care, which clearly will impact the work days and hours of teachers and other unionized staff. It is important to note that with the expansion of Head Start and the heightened need for child care (including 24-hour care) services, the traditional school district, city government, and private nonprofit early childhood program providers may change to a 12- to 24-hour child care provider service. Teaching contracts and other support staff working hours may change.

Private Nonprofit 501(C) Agencies Board members and their CEOs need to establish policies, procedures, and business plans that allow them to subcontract or work in collaboration with other child care providers to provide full-day/full-year child care services.

Human Relations Frame

Through partnerships Head Start and child care organizations have an opportunity to participate in educational and training activities together. These activities are designed to enhance school readiness, strengthen social competencies, and increase parent involvement.

Lesson Learned

Collaborative partnerships require participatory leadership styles that support shared decision making and are open to a diversity of opportunities and changes for employees.

Structural Frame

All teaching staff employed in a State Preschool program must have a Children's Center Permit issued by the Commission on Teacher Credentialing. Head Start programs funded by LACOE also require teachers to have a Children's Center Permit. All programs must maintain an adult–child ratio of 1:8. State Preschool programs are licensed under Title 5 of the *California Code of Regulations*, which imposes slightly higher operational standards than does Title 22, the code that regulates Head Start programs. However, the Head Start Performance Standards impose regulations beyond both Title 5 and Title 22.

Head Start has distinct regulations that will strengthen the eight operational management systems of child care organizations—communication, governance, ongoing monitoring, reporting and recordkeeping, self-assessment, financial management, human resources (personnel), and staff development.

Lessons Learned

Partnerships form the basis for a solid organizational infrastructure. This element must be addressed to ensure continuity of program information for the families and children who are served by the partnerships.

Reimbursement for Head Start is based on enrollment. The number of children in a Head Start classroom is usually 17 to 20. The state subsidy is based on daily attendance. The number of children in a State Preschool classroom is usually 24. Reducing the number of state-subsidized child care slots is not always economical because operating costs continue to rise.

Ethical Frame

Contracts, MOUs, and business plans need to be developed each time a full-day/full-year child care partnership is established to address risk management and insurance issues.

Lesson Learned

The Head Start Child Care Partnership Expansion efforts of LACOE are very challenging, yet very rewarding, for the organizations involved and the clients they serve.

(Continued on page 18)

Head Start–Child Care Partnerships

Quality in Linking Together (QUILT)

Working to Support Early Education Partnerships Through Training and Technical Assistance

by the Quilt Staff

QUILT is a training and technical assistance project funded by the Head Start Bureau, the Child Care Bureau, and the Administration for Children and Families, U.S. Department of Health and Human Services. The project's goal is to foster and support partnerships among child care, Head Start, prekindergarten, and other early education programs to increase the availability of quality, comprehensive, full-day/full-year care for children and families nationwide.

The QUILT Approach to Technical Assistance

QUILT is recognized for its high-quality technical assistance to early education partnerships. Such partnerships, which maximize resources and build on programs' strengths, are essential for providing high-quality, comprehensive, full-day, year-round care for children and their families.

Our approach to technical assistance is multifaceted, involving key QUILT staff, highly skilled consultants, and our colleagues in various training and technical assistance (T/TA) communities. QUILT's approach to technical assistance is to complement the work of other providers by:

- Working in partnership with all players—local early education programs, regional T/TA providers, and national decision makers—to build our collective capacity to support partnerships
- Stimulating and expanding ideas for partnerships while providing individuals and groups with new insights, skills, and links to resources
- Addressing a wide range of partnership issues, such as designing programs and managing multiple funding sources
- Tailoring project services to meet the individual needs of diverse early education communities
- Offering technical assistance through the QUILT toll-free hotline as well as through on-site consultation

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What a difference it makes to know that I can rely on QUILT specialists—people who have lived it and done it—from the Head Start side, the child care side, and the public school side. They helped us see the possibilities.

—Head Start-State Collaboration Director

QUILT ensures that responses to inquiries are specific, current, and illustrated by real-life examples so that callers—whether they are from programs, state agencies, or tribal communities—can respond effectively to the issues they face in developing and sustaining partnerships. The following answers to frequently asked questions describe the hotline:

What does the QUILT hotline offer?
The hotline provides free, in-depth consultation on callers' day-to-day partnership questions. We have responded to hundreds of calls on such topics as partnership structure and program design, eligibility policies, regulations, and the components of effective partnership agreements.

Can anyone use the hotline?
Yes! In fact, our hotline is designed to address the needs of all the key players in the early education arena: staff from child care centers, family child care network directors and staff, Early Head Start and Head Start managers and staff, state and tribal child care administrators, Head Start–State Collaboration directors, federal and state staff, and other T/TA providers.

When should I use the hotline?
Whether you are in the beginning stages of forming an early education partnership or you are taking steps to improve an existing partnership, the hotline can assist you with both planning and solution finding. In addition to linking callers with local resources and other child care and Head Start networks, the QUILT hotline can provide resource materials and the help needed to arrange for on-site technical assistance. (Information about early education partnerships and upcoming events can also be found at the QUILT Web site: <www.quilt.org>.)

Do the specialists offer up-to-date information?
Our hotline information specialists have in-depth and up-to-date knowledge of best practices in developing and sustaining partnerships—in fact, they are QUILT's "ears" in the field. The information gleaned from the issues callers raise and from regular communication with policy makers and practitioners gives our specialists a deep understanding of partnership developments at the community and state levels nationwide.

How can I access the hotline?
QUILT hotline specialists are available to answer your questions 11 hours a day, Monday through Friday. Just call our toll-free number, 1-877-867-8458 (1-877-TO-QUILT), between 8:30 a.m. and 7:30 p.m. eastern time.

QUILT Technical Assistance Hotline 1-877-867-8458 (1-877-TO-QUILT)

QUILT On-Site Technical Assistance

Critical to the success of our on-site technical assistance is the depth of our knowledge and experience; our skills in facilitating groups, communicating, assessing, and problem solving; and our attitudes and values regarding the profession and the groups with whom we work. The following answers to frequently asked questions describe QUILT's on-site technical assistance:

How is QUILT's on-site technical assistance different from its technical assistance hotline?
While hotline specialists respond to an individual caller's day-to-day questions about early education partnerships, on-site technical assistance brings all the stakeholders to the table. As a result, QUILT on-site technical assistance specialists are able to tap the strengths of every player, ensure that everyone's voice is heard, and help the group members reach a consensus about concrete steps they can take to promote early education partnerships.

What types of issues do QUILT staff and consultants address?
QUILT staff and consultants address all the issues that help programs plan, implement, and sustain partnerships. For example, they help stakeholders at the state and community levels examine planning and fiscal strategies, policies, and program management issues in order to develop comprehensive, coordinated, statewide early education services.

I know that QUILT provides on-site technical assistance for states—how about at the local level?
QUILT provides on-site technical assistance at *every* level. Moreover, the technical assistance we provide is always tailored to the unique needs, strengths, and issues that each program faces. For example, some programs request assistance in designing their partnership's structure and goals. Others need targeted consultation in developing a financial plan and cost-allocation system. Still others want help examining possible staffing patterns and responsibilities and identifying new benchmarks of performance.

Because QUILT staff and consultants have a deep knowledge of partnership structures and a familiarity with trends and current research, they are able to customize technical assistance that leads to effective, sustainable results.

Who is eligible to receive QUILT on-site technical assistance?
Stakeholders at the local, state, regional, tribal, and territorial levels are eligible to receive our free services. Before providing on-site technical assistance, however, we engage different players, such as staff from the regional and state offices and other T/TA providers, to assess what has been tried before, which T/TA provider might provide the technical assistance, and which consultation strategies would be most effective. If QUILT provides the on-site technical assistance, QUILT staff bring all the partners together to explore issues and identify ways to accomplish the tasks at hand. If QUILT does not provide the technical assistance directly, QUILT staff work with the selected T/TA providers to support their efforts in promoting partnerships.

What about follow-up technical assistance?
We know that effective on-site consultation is an in-depth process that takes place over time. Therefore, we work closely with a range of T/TA providers from child care, Head Start, and resource and referral agencies (R&Rs). We also collaborate with other state T/TA providers as well as with staff from federal and state offices. By linking and aligning T/TA systems, we promote systematic support for partnership initiatives.

The following entities lead the QUILT project:

Community Development Institute
9745 East Hampden Ave., Suite 310
Denver, CO 80231
Phone 303-369-8706
Fax 303-337-5339

Education Development Center, Inc.
55 Chapel St.
Newton, MA 02458-1060
Phone 617-969-7100
Fax 617-969-3440

National Child Care Information Center
243 Church St. NW, 2nd Floor
Vienna, VA 22180-4430
Phone 800-616-2242
Fax 800-716-2242

To keep up-to-date with partnership events, resources, and news, visit the QUILT Web site: <*www.quilt.org*>.

Toll-free Hotline: 1-877-867-8458 (1-877-TO-QUILT)

Collaborative Partnerships Report of the 1997 Head Start Expansion Grants for Full-Day/Full-Year Services

by Michael Zito, Coordinator, California Head Start–State Collaboration Office

In March 1997, the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, released an invitation to Head Start grantees across the country to apply for funds to expand enrollment. Special priority and a competitive advantage were given to applicants who proposed to create full-day/full-year Head Start services by establishing partnerships with other agencies and organizations. Grantees were urged to combine expansion funds with other child care and early childhood funding sources and deliver services through partnerships with community-based child care centers and providers and state and local funding sources.

To address requests by grantees for technical assistance, the Child Development Division (CDD) of the California Department of Education, the California Head Start–State Collaboration Office (CHSSCO), the California Head Start Association (CHSA), and the Region IX office of the ACF held an introductory roundtable discussion in November 1997 for the programs that received the expansion grants. A second roundtable, sponsored by the CHSA and held in April 1998, focused on California's system of state-funded child care and development programs and featured presentations from CHSSCO and CDD staff. A third roundtable, focusing on the fiscal aspects of partnerships, was held in July 1999.

The roundtables helped participants identify a number of barriers and challenges facing the expansion programs. One of the agreements of the first roundtable was that the CHSSCO would survey the grantees to:

- Provide a profile of the collaboration partnerships formed.
- Identify best practices.

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Lessons Learned from Los Angeles County

(Continued from page 15)

The most challenging issues involved in establishing child care partnerships usually arise from the need to report to multiple bureaucracies and funding sources that each has its own operating rules and regulations. Program providers have indicated that differences in income and other eligibility guidelines and differences in attendance reporting policies for reimbursement pose administrative challenges in regard to the multiple requirements.

Many child care providers have State Preschool or General Child Care services and funding that can be matched with Head Start funding to increase the availability of subsidized child care.

By establishing partnerships with the child care community, programs can:

- Deliver comprehensive services to a greater number of children and families.
- Expand linkages among Head Start and public and private entities.
- Create partnerships with Head Start and child care providers.
- Enhance the child care infrastructure by improving child care facilities and environments, expanding staff development opportunities, and increasing wages and benefits for child care workers.
- Avoid the challenge of finding new space while reducing start-up costs.
- Provide more flexible hours of service.

Keep in mind that various approaches can be used to match Head Start and State Preschool services. Every model in Los Angeles County is unique because of community structures and organizational designs. Some of the other partnership models that we have used include:

- Blending programs and splitting costs
- Wraparound services
- Head Start family child care
- Connecting programs

We believe that children who attend developmentally appropriate, child-centered programs experience better social adjustment than do similar children who attend a teacher-directed program implementing a direct-instruction curriculum. Furthermore, we believe that a partnership that blends the services offered by child care programs with Head Start will offer the highest quality of child care and support services to the neediest of families.

Merging Federal and State Programs

(Continued from page 13)

additional resources for assisting special needs children and a cadre of family advocates, who are available to case-manage families that are emerging from welfare to work.

The staff gave the following advice to agencies planning to engage in collaborations:

- Learn as much as you can about the program of your partner agency.
- Be willing to be flexible.
- Plan and work to identify and break down barriers to communication.
- Define a shared vision.
- Keep the vision of improving services for families and children in mind when the going gets rough or the changes seem to come too fast.
- Invest in training for staff by professional and objective consultants who are skilled in assisting agencies undergoing change.
- Start with a small pilot within your program to work out the problems.
- Expand your new and improved model to include larger parts of your program.
- Remember to be patient.

As the program has moved from the known to the unknown, the staff has constructed bridges across the barriers that separated Head Start and state-funded child care and development. These past eighteen months have been very stimulating and rewarding for the staff. The internal program will continue to build on successes to bridge the gaps between its internal parts and to use the knowledge gained from that experience to expand collaboration with the external community.

Partnerships Report

(Continued from page 17)

- Identify program barriers and solutions.
- Identify unresolved issues.

CHSSCO staff then developed the survey, which was sent to 32 grantees in July and requested a return date of September 15, 1998. Eighteen surveys were completed and returned. CHSSCO has now completed a report based on the surveys. The report contains a statewide summary of information obtained from the surveys, including:

- Funding and program model(s) used and partner agencies
- Successful strategies used to establish collaborative partnerships and overcome barriers
- Greatest sources of support
- Barriers and policy issues
- Broad, unresolved issues
- Positive outcomes

A synopsis of each respondent's local experience and responses also appears in the report and includes agency contacts.

A draft of the report was completed in April 1999 and submitted to several CHSA member agencies for review in early May. It is now being published and will be available soon. Please contact the CHSSCO for more information on how to obtain a copy of the report.

BRIDGES

Bridges is produced by the California Head Start-State Collaboration Office (CHSSCO), which was created to promote partnerships between Head Start and the larger child care and development community at the state and local levels. Bridges is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, and the California Department of Education, Child Development Division. The opinions expressed are those of the authors and not necessarily those of the Department. CHSSCO is located in the Child Development Division, 560 J Street, Suite 220, Sacramento, CA 95814.

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(916) 323-9717

BEST COPY AVAILABLE

Support for Single Mothers and Fathers and Their Children

by Ann Love
State Office of Child Support
California Department of Social Services

Every child has a right to emotional and financial support from both parents. To help you give your child the support he or she deserves, or to help you assist the parents you work with, the Office of Child Support in the California Department of Social Services has prepared *The Child Support Handbook*, available from your county's Family Support Division. If you are a single mother or father and have a child support and/or medical support order, or you want to establish one,[1] you can apply for child support services.

Your local Family Support Division office provides services to assist parents in meeting the needs of raising children in today's world. Mothers and fathers both play a major role in the well-being of their children and the quality of their children's lives. Single mothers and fathers struggle continually with the serious and complicated challenge of raising children on their own.

Studies continue to demonstrate that involved, loving fathers have a positive effect on their children's lives. The United States is now the world's leader in fatherless families; overall, nearly 23 million American children do not live with their biological father. About 40 percent of the children who live in fatherless households have not seen their fathers in at least a year.[2] Your local Family Support Division can help you in such a situation by establishing the paternity of your child or providing you with information on child visitation, mediation, and job services, if available, in your community.

"Paternity" means fatherhood. "Establishing paternity" is the process of determining the legal father of a child and can be done by having the father and the mother sign the voluntary form "Declaration of Paternity." Establishing paternity helps your child gain the same rights and privileges as those of a child born within a marriage, such as financial and medical support from both parents, access to important family medical records, and the emotional benefit of knowing who both parents are. If you are a single parent raising a child, establishing paternity and child support are the first steps in taking personal responsibility for the financial support and emotional well-being of your child.

We encourage parents and teachers in Head Start and in other child care and development programs to visit our Web site at <*www.childsup.cahwnet.gov*> for more information on child support and local Family Support Divisions. The California Head Start-State Collaboration Office and the Office of Child Support are developing a brochure for parents and staff in Head Start and other child development programs. For more information, you may contact Ann Love, Office of Child Support, at (916) 657-3406 (e-mail:Ann.Love@dss.ca.gov). For information on California's Paternity Opportunity Program, please contact Jim Mullany at (916) 654-1223 (e-mail: James.Mullany@dss.ca.gov).

[1]Family Support services include locating a noncustodial parent, establishing paternity, establishing or modifying a child support order, establishing or enforcing a medical support order, and collecting support payments.

[2]National Fatherhood Initiative's *Father Facts 2*, 1996.

"Care About Quality" Campaign Keeps Child Care Issues in the Forefront

In 1997 the State Legislature passed Assembly Bill 1542 (CalWORKs Program), charging the Child Development Division (CDD) of the California Department of Education with responsibility for increasing education activities for child care consumers. In response, CDD developed a consumer education campaign, titled "Care About Quality," to help families make informed choices from among the various types of child care available to them.

Care About Quality was officially launched in April 1999, coinciding with the National Association for the Education of Young Children's "Week of the Young Child." It began with the release of findings from a statewide public opinion poll conducted on child care issues in which approximately 1,300 respondents were interviewed about their attitudes and perspectives on child care. The findings and other campaign materials were distributed statewide to the news media and to CDD-funded programs, including resource and referral agencies (R&Rs), local child care planning councils, family child care associations, county boards of supervisors, county superintendents of schools, and Head Start delegates and grantees.

Campaign materials that are currently in development include a Web site, television and radio public service announcements, a brochure on quality indicators, and a resource guidebook on quality child care. Partnerships with public and private entities are also being formed for the distribution of training materials, and technical assistance seminars are slated for this fall and spring.

To provide additional structure, the campaign will feature quarterly themes:

- "Back to School: Providing Child Care for Older Children," fall 1999
- "Child Care Is Everyone's Business," winter 1999
- "Celebrating Child Care Providers," spring 2000
- "Selecting Quality Child Care for First-Time Parents," summer 2000

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Harbor Regional Center Funds Child Care Providers' Training Project

by Nancy Spiegel, M.F.C.C.
Director of Community Services
Harbor Regional Center

The availability of quality child care services has long been an issue for working parents, particularly for parents whose children have special needs. Parents of children with developmental disabilities often do not know where to look for child care providers who are experienced in meeting special needs. Furthermore, many child care providers are interested and are willing to provide these services but feel that they may lack the necessary skills and training to do so.

From fall 1997 through spring 1999, the Harbor Regional Center (HRC) in Los Angeles County made start-up funding available for two training grants designed to recruit typical providers from local child care centers and family day care homes and provide them with training from expert consultants. Local Head Start agencies saw this development as an excellent opportunity to increase in-service training for their staff members as well.

As a result, HRC has acquired a list of more than 35 child care and Head Start sites whose staff have participated in this training project and are successfully serving children with developmental disabilities throughout HRC's service area. These sites are meeting children's physical challenges, special health needs, social-emotional and behavioral challenges, and autism as well as the full range of developmental delays.

The training consultants who contracted with HRC to implement this project were Pasadena Child Development Associates, for the Long Beach and Bellflower health district areas, and Suzanne Lowe, Special Education Consultant, for the Torrance and Harbor health districts. Both contractors coordinated their planning and training activities with local child care resource and referral agencies, early intervention planning councils, Head Start programs, and regional center-vendored service providers to ensure that recruitment efforts would reach as many potential child care providers as possible. Both contractors received numerous requests from child care providers throughout the HRC area and beyond for training and consultation services.

This tells me that the HRC project was very timely, very needed, and greatly appreciated. Congratulations!
—Suzanne Lowe, M.A.

Both consultants provided a series of well-attended introductory training sessions to large groups of caregivers, covering basic educational material in typical child development and the developmental challenges that may be encountered in the areas of cognitive, communication, psychomotor, social-emotional, behavioral, and health domains. The consultants fielded many questions from the participants, who demonstrated a strong motivation to apply the training to the serving of consumers in real day-to-day situations. The consultants then arranged for on-site observations at the various child care providers' locations to assist them in further applying their knowledge and tailoring and adapting their services to successfully include the children with special needs who had enrolled.

Most participants and their staff learned that the skills they had already acquired prepared them for meeting the needs of children with developmental disabilities in child care, which are quite similar to those of typical young children. Participants also learned that modifications could be made to their child care and preschool environments that were beneficial in promoting a nurturing learning environment not only for children with special needs but also for all the children they served.

Child care providers from such nearby communities as Gardena, El Segundo, and North Carson were allowed to join the project, as space allowed, because their services were located conveniently for some HRC consumer families. As word of the training opportunity spread and requests continued, Connections for Children (the child care resource and referral agency that serves the HRC), the neighboring Westside Regional Center, and South Central Los Angeles Regional Center took the initiative to fund additional training hours to continue the project outside HRC's immediate area.

Because of the project's success, HRC looks forward to continuing to offer consultative support to many more child care providers in its service area.

"Care About Quality"

(Continued from page 19)

These themes will be incorporated into the campaign newsletter, *The Quality Quarterly*, and the Web site, quarterly advertisements, and a media resource guide that will be distributed to local R&Rs and planning councils in the fall.

While the Care About Quality campaign cannot address all the findings from the opinion poll or every concern raised in the child care and development profession, it can help the public understand the importance of *quality* child care and its overall impact on children and society. Through the campaign, parents will learn whom to contact for information on parenting; how to connect with the local child care resources by using 1-800-KIDS-793; and, as knowledgeable consumers, how to make informed choices that best meet their child care needs.

The campaign team invites questions and feedback on all aspects of the campaign via e-mail at *<careabout quality@deenblack.com>*. For more information or to request copies of the opinion poll, contact Alice Trathen, Consultant, CDD, at (916) 323-1312 or *<atrathen@cde.ca.gov>*.

Stewart B. McKinney Homeless Assistance Act

(Continued from page 11)

The *United States Code* and the California *Education Code* define a homeless person as " . . . an individual who lacks a fixed, regular, and adequate nighttime residence" (42 *USC* Section 11302[a], California *Education Code* Section 1981.2). Families and youths who are defined as homeless may be residing in shelters, transitional housing units, or motels; camping in public places; or doubling up or tripling up with other families. Children and youths and their families who live in dwellings that are inadequate and lack such basic services as electricity, water, and heat (e.g., abandoned buildings, garages, or hallways) may be considered homeless as well.

What is life like for a preschooler who has become homeless? What happens during times of emergencies and crisis when individual and community support is not available? What is life like when one's "community" is encountering difficulty meeting basic needs, such as shelter, food, and safety?

A public policy report from the Better Homes Fund estimates that more than one million children are experiencing homelessness in the United States. Most of these children are living in female-headed families who are the poorest of the poor. Researchers have isolated homelessness as a direct predicator of specific childhood illnesses, separate and apart from poverty. In other words, homelessness itself makes children sick. And children living in homeless situations may have problems in school. At times these children attend school sporadically and thus may experience developmental delays.

In comments prepared for the White House Conference on Mental Health, the Center for Child Development and Developmental Disabilities at Children's Hospital Los Angeles states that children in overwhelmed and troubled families and those with special health care and developmental needs are at increased risk for health and developmental problems. Some of those children develop a hypersensitive nervous system, becoming distress-prone, and may perceive the world as threatening and catastrophic. The prepared comments cited research that strongly supports a service delivery model that addresses child–parent relationships, a strategy that leads to better health and developmental outcomes.

One way in which Head Start and other early education programs can address the topic of services to homeless children is to partner with a local school district that is a federally funded Stewart B. McKinney Homeless Assistance Act subgrantee. Twenty-one local educational agencies in California currently receive funding from the McKinney Act and cover more than 80 school districts. These subgrantees assist children in enrollment, attendance, and success in preschool, including Head Start programs. McKinney Act coordinators at each local educational agency are highly knowledgeable and understand how collaboration with other agencies can increase enrollment opportunities for homeless preschoolers. McKinney Act subgrantees are authorized to provide activities that include such educational services as tutoring, supplemental instruction, and enriched educational services; professional development activities for educators; assistance to defray the excess cost of transportation; and other extraordinary or emergency assistance needed to enable homeless children and youths to attend school.

McKinney Act programs have assisted homeless preschoolers by providing supplemental instruction through age-appropriate tutoring. McKinney Act staff provide in-service training about homelessness and other issues of high mobility to Head Start and other preschool program staff. Transportation has been provided to preschool sites as well as for necessary trips to receive medical services, such as the immunizations required for enrollment in preschool. Other services have included case management activities that assist parents in enrolling their young children and help to ensure that they attend preschool regularly. McKinney Act staff often participate in teams that help link families to Healthy Start and Even Start family literacy efforts. All of these endeavors strive to assist young children in enrolling, attending, and succeeding in Head Start and other preschool settings.

For more information on the McKinney Homeless Assistance Act, contact Doug McDougall, CDD/CDE, at (916) 653-4908 or dmcdouga@cde.ca.gov.

Workshops

Meeting the Challenge: Addressing the Mental Health Needs of Children and Families

This workshop series for administrators, managers, child development and health staff, and providers of child care services (including family day care, State Preschool, and child care programs) will be presented by Development Associates, Inc. During the two-day workshops, participants will learn how to:

- Implement practices and strategies that meet the Head Start Performance Standards for delivering mental health services.
- Identify a systematic approach to addressing mental health issues for staff, children, and families in the Early Head Start and Head Start communities.
- Examine mental health case-management systems.
- Provide staff with essential skills for identifying challenging behavior in children.
- Provide staff with strategies for reducing stress—for themselves and for families.

Cost: $40 per person (includes workshop materials and lunch)

Tentative dates for 2000:
January 13–14 in Los Angeles
February 8–9 in Fresno
April 11–12 in Sacramento
June 8–9 in Lake Elsinore

For information and registration materials, please contact:
Development Associates, Inc.
1475 N. Broadway, Suite 200
Walnut Creek, CA 94596
(800) 666-9711; FAX (925) 935-0413

Quality Improvement Program Plan

The California Department of Education's Quality Improvement Program (QIP) plan for 1999–2000 fulfills the requirement of the federal Child Care and Development Fund (CCDF) to set aside monies to fund quality improvement activities. The plan covers activities in six critical categories—parent education and assistance; professional development; early literacy; child care capacity building; health and safety; program evaluation—and other activities consistent with the purposes of the CCDF. The plan will provide the infrastructure necessary to ensure that children in subsidized child care and development programs are receiving the necessary support to enable them to grow, develop, and become able learners in safe and healthy child care environments. Expenditures for QIP will total $84 million for the fiscal year 1999–2000.

The complete QIP plan can be viewed and downloaded at the Child Development Division's Web site: <*www.cde. ca.gov/cyfsbranch/child_development*>. The following listings identify the contact persons for the major categories:

I. Parent Education and Assistance

A. Resource and referral programs (R&Rs)*
Project contact: Local R&R
CDD contact: Assigned consultant, (916) 322-6233

B. Comprehensive consumer education

1. "Care About Quality" consumer education campaign
Project contact: Beverley Kennedy, Deen and Black Public Relations, (916) 418-1500
CDD contact: Alice Trathen, (916) 323-1312
2. 800-KIDS-793 phone line for parents
Project contact: Child Care Resource and Referral Network, (415) 882-0234
CDD contact: Alice Trathen, (916) 323-1312
3. Parent Involvement Initiative
Project contact: To be determined
CDD contact: Alice Trathen, (916) 323-1312

II. Professional Development

A. Child Development Training Consortium
Project contact: Linda Butterfield, Yosemite Community College District, (209) 572-6080
CDD contact: Mary Smithberger, (916) 323-1342

B. Mentor teacher/director program
Project contact: Peyton Nattinger, Chabot-Las Positas Community College District, (510) 786-6638
CDD contact: Mary Smithberger, (916) 323-1342

C. Stipend for permit
Project contact: Cindy Lovett, Yosemite Community College District, (209) 572-6082
CDD contact: Mary Smithberger, (916) 323-1342

D. Child Development Teacher and Supervisor Grant Program
Project contact: Catalina Mistler, California Student Aid Commission, (916) 526-7976
CDD contact: Sharon Hawley, (916) 323-5089

E. Career Incentive Grant Program*
Project contact: Gail Brovant, Yosemite Community College District, (209) 572-6086
CDD contact: Mary Smithberger, (916) 323-1342

F. The Program for Infant/Toddler Caregivers
Project contact: Terry De Martini, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342

G. School-age programs

1. Training for school-age program professionals (teachers and administrators)
Project contact: Darci Smith, California School Age Consortium, (415) 957-9775
CDD contact: Barbara Metzuk, (916) 323-1313
2. Stipend for trainers with a school-age and after-school focus
Project contact: Darci Smith, California School Age Consortium, (415) 957-9775
CDD contact: Barbara Metzuk, (916) 323-1313
3. School-age curriculum and materials development and distribution
Project contact: Joan Bissell, University of California at Irvine, (949) 824-7466
CDD contact: Barbara Metzuk, (916) 323-1313

H. Local program quality consortia grants
Project contact: Local quality consortium
CDD contact: Alice Trathen, (916) 323-1312

I. Statewide Network for Child Development Permit Matrix Professional Growth Advisors
Project contact: Linda Butterfield, Yosemite Community College District, (209) 572-6068
CDD contact: Mary Smithberger, (916) 323-1342

III. Early Literacy

A. Prekindergarten learning and development guidelines*
CDD contact: Sharon Hawley, (916) 323-5089

B. Implementation of the Desired Results System for children and parents
For center-based and family child care programs—
Project contact: Deborah Montgomery, American Institutes for Research, (650) 493-3550
CDD contact: Barbara Metzuk, (916) 323-1313
For alternative payment programs—
Project contact: Helaine Hornby, Hornby Zeller Associates, (207) 773-9529
CDD contact: David Houtrouw, (916) 323-3090

C. Training to support staff working with children with limited English proficiency
Project contact: To be determined
CDD contact: Sharon Hawley, (916) 323-5089

*These activities include state funding.

1999–2000

IV. Child Care Capacity Building

A. Local child care planning council grants*
Project contact: Local Planning Council
CDD contact: Linda Parfitt, (916) 322-1048

B. Regional resource centers to develop capacity in underserved areas
Project contact: To be determined
CDD contact: Richard Wheeler, (916) 324-4253

C. Infant/toddler capacity building

1. Infant/toddler specialist for Healthline
Project contact: Healthline, (800) 333-1312
CDD contact: Sharon Hawley, (916) 323-5089
2. Start-up and resource grants
CDD contact: David Houtrouw, (916) 323-3090
3. Expand Child Care Initiative Project with an infant/toddler focus
Project contact: Child Care Resource and Referral Network, (415) 882-0234
CDD contact: Cynthia Hearden, (916) 323-8524
4. Outreach sessions
Project contact: Janet Poole, WestEd, (415)-331-5277
CDD contact: Mary Smithberger, (916) 323-1342
5. Inclusion of infants and toddlers with disabilities
Project contact: Linda Brault, Sonoma State University, (760) 736-6337
CDD contact: Mary Smithberger, (916) 323-1342
6. Expand Program for Infant/Toddler Caregiver Institutes
Project contact: Terry De Martini, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
7. Stipend for trainers with an infant/toddler focus
Project contact: Stipend Program Manager, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
8. Regional training coordinators
Project contact: Janet Poole, WestEd, (415) 331-5277
CDD contact: Mary Smithberger, (916) 323-1342
9. Model sites
CDD contact: Mary Smithberger, (916) 323-1342

D. School-age capacity building

1. Before- and after-school program grants
CDD contact: David Houtrouw, (916) 323-3090

E. TANF training

1. Project contacts: Joel Gordon, Santa Rosa Community College, (707) 527-4671
Gloria De La Cruz-Pulido, Fresno City College, (559) 265-5796
Donna Schubert, Child Care Resource Council, (818) 756-3360
CDD contact: David Houtrouw, (916) 323-3090
2. Training TANF recipients as licensed or license-exempt family child care providers (including providers caring for children in the children's own homes)*
Project contact: Bari Polonski, California Department of Social Services, (916) 654-0708
CDD contact: Richard Wheeler, (916) 324-4253

F. Family child care provider training

1. Public Broadcasting Preschool Education Project*
CDD contact: Alice Trathen, (916) 323-1312
2. Family child care provider training
Project contact: Malia Ramler, Center for Health Training, (415) 929-9100
CDD contact: Cynthia Hearden, (916) 323-8524
3. Child Care Initiative Project*
Project contact: California Child Care Resources and Referral Network, (415) 882-0234
CDD contact: Cynthia Hearden, (916) 323-8524

G. Special needs

1. Map to Inclusive Child Care Project
Project contact: Pamm Shaw, California Child Care Health Program, (510) 839-1195
CDD contact: Mary Smithberger, (916) 323-1342
2. Inclusion of children with disabilities and special needs
Project contact: Virginia Reynolds, WestEd, (916) 492-9999
CDD contact: Mary Smithberger, (916) 323-1342

V. Health and Safety

A. Healthline (800) 333-3212*
Project contact: Marsha Sherman, California Child Care Health Program, (510) 839-1195
CDD contact: Sharon Hawley, (916) 323-5089

B. Health and safety training for licensed and license-exempt providers*
CDD contact: Sharon Hawley, (916) 323-5089

C. Trustline registry of license-exempt providers*
Project contact: Michelle Dille, California Department of Social Services, (916) 274-0497
CDD contact: Alice Trathen, (916) 323-1312

D. Subsidized Trustline applicant reimbursement
Project contact: Michelle Dille, California Department of Social Services, (916) 274-0497
CDD contact: Alice Trathen, (916) 323-1312

E. License enforcement for child care programs*
Project contact: Val Jones, (916) 324-4304
CDD contact: Cynthia Hearden, (916) 323-8524

VI. Program Evaluation

A. Evaluation of program quality improvement activities
Project contact: Deborah Montgomery, American Institutes for Research, (650) 493-3550
CDD contact: Sharon Hawley, (916) 323-5089

VII. Other Quality Activities Consistent with the Purposes and Requirements of CCDF

A. Facilities renovation and repair grants*
CDD contact: Margaret Shortt, (916) 323-1345

B. Instructional materials grants*
CDE contact: Lori August, (916) 324-6586

Web Resources

The following Web sites regarding child care, education, health, and other issues have recently come to the editor's attention. The listing is highly arbitrary, and because of the ever-changing nature of the Internet, some sites may no longer be available.

Full-Day/Full-Year Service Partnerships

The **Quality in Linking Together** (QUILT) Project supports partnerships involving such early education programs as state-funded child care, Head Start, and prekindergarten: <*www.QUILT.org*>.

Health

The **American Academy of Pediatrics** provides training opportunities, technical assistance, and educational materials to promote access to children's health and implement community-based initiatives: <*http://www.aap.org*>.

The **Bright Futures** Guidelines for Health Supervision of Infants, Children, and Adolescents offer information for health care providers and parents: <*www.brightfutures.org* >.

The **California Child Care Health Program** is designed to improve the health and safety environments for young children in out-of-home care settings and to expand access to community-based health services: <*Ericps.ed.uiuc.edu/cchp/cchphome.html*>.

The **Center on Budget and Policy Priorities** has completed a state-by-state analysis of the number of low-income working parents who lack health insurance: <*www.cbpp.org/2-9-99mcaid.htm*>.

Healthy Families maintains a Web site that holds a wealth of information about its program, including how to apply: <*http://HealthyFamilies.ca.gov*>.

The **Managed Risk Medical Insurance Board** provides California enrollment information, organized by county: <*www.mrmib.ca.gov*>.

The **National Child Care Information Center**, established by the Child Care Bureau to complement and promote child care linkages by providing a central point for child care information, offers information on health and safety resources: <*http://nccic.org*>.

The **National Resource Center for Health and Safety in Child Care** provides information on issues related to health and safety in child care: <*http://nrc.uchsc.edu*>.

The first results from the 1997 round of the **National Survey of America's Families** offers a comprehensive look at the well-being of families: <*http://newfederalism.urban.org/nsaf*>.

The Urban Institute is conducting the **National Survey of America's Families**, a survey of families in thirteen states, to provide a comprehensive look at the well-being of adults and children: <*http://newfederalism.urban.org/nsaf/foreword.html*>.

The **100% Campaign**, a coordinated effort to ensure that all of California's children obtain the health coverage they need, offers information about Healthy Families, Medi-Cal, and other programs: <*www.100percentcampaign.org*>.

Welfare Reform

The **Research Forum** maintains an online database with summaries of welfare research projects: <*www.researchforum.org*>.

The **U.S. Department of Housing and Urban Development** provides information on welfare reform initiatives, funding opportunities, research, and other federal initiatives: <*www.hud.gov/wlfrefrm.html*>.

The **Welfare Law Center** offers information on welfare and on the activities of low-income groups organizing on welfare issues: <*www.welfarelaw.org*>.

The **Welfare Law Center** also maintains the Project LINC Web site, which promotes the use of technology by low-income individuals and organizations: <*www.lincproject.org*.

Child Support Services

The **California Department of Social Services, Office of Child Support Enforcement**, maintains an alphabetical listing of county-level child support enforcement agencies: <*www.childsup.cahwnet.gov*>.

Education

The **California Children and Families First Initiative** Web site lists commission and committee members, minutes of meetings, draft county guidelines, and other current policy information on Proposition 10, the California Children and Families First Act: <*www.children98.org*>.

The **California Early Childhood Mentor Program**, one of CDE's Quality Improvement projects, provides advanced training for experienced child care workers who wish to become mentors to new practitioners: <*www.clpccd.cc.ca.us/mentor*>.

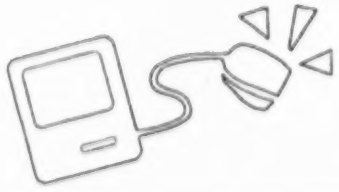
The **California Early Childhood Mentor Program** also recruits, trains, and provides additional compensation to mentor teachers who supervise students in the mentor's classroom and mentor directors who assist new directors: <*www.clpccd.cc.ca.us/mentor*>.

The **Child Development Training Consortium**, one of CDE's Quality Improvement projects, provides professional growth and development opportunities for child care educators: <*www.childdevelopment.org*>.

The **Program for Infant/Toddler Caregivers** (PITC) represents a long-term partnership between CDE/CDD and WestEd to create high-quality training materials, trainer-of-trainer institutes, and a regional support system for infant/toddler caregivers, program directors, and trainers: <*www.pitcnet@wested. org*>.

Child Care and Development Resources

The Web site of the **California Child Care Resource and Referral Network** contains a listing of local R&Rs throughout the state, county-by-county child care supply maps, and information on legislation and policy activities affecting child care: <*www.rrnetwork.org*>.



Research

The **Congressional Research Service**, a nonpartisan analytical, research, and reference arm of Congress, has placed almost 300 reports online, dealing with education, health, and economic policy: <*www.senate.gov/~dpc/crs/index.html*>.

Information Please–Kid's Almanac, a new site geared toward children, parents, and teachers, offers reference information organized into seven categories: people, fun facts, science, the world, sports, life, and the U.S.: <*http://kids.infoplease.com*>.

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